

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **601738** (8)

1. Corporation Name  
**ALBERT J. KELLERT MD PA**



Principal Place of Business <b>3435 JOHNSON STREET HOLLYWOOD FL 33021 US</b>	Mailing Address <b>3435 JOHNSON STREET HOLLYWOOD FL 33021-5420 US</b>
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3. Date Incorporated or Qualified <b>12/04/1969</b>	3a. Date of Last Report <b>04/16/1996</b>
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2. Principal Place of Business 21 <b>741-5 Coco Plum Circle</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>741-5 Coco Plum Circle</b> Suite, Apt. #, etc.
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4. FEI Number <b>59-1294177</b>	Applied For Not Applicable
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22 <b>Plantation FL</b> City, State	27 <b>Plantation FL</b> City, State
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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23 <b>33324</b> Zip	24 <b>USA</b> Country	28 <b>33324</b> Zip	29 <b>USA</b> Country
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KELLERT, ALBERT J  
3435 JOHNSON STREET  
HOLLYWOOD FL 33021**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>741-5 Coco Plum Circle</b>
83	
84 City	<b>Plantation FL</b>
85 Zip Code	<b>33324</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLERT, ALBERT J</b>	12 NAME	
STREET ADDRESS	<b>3435 JOHNSON STREET</b>	13 STREET ADDRESS	<b>741-5 Coco Plum Circle</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	14 CITY - ST - ZIP	<b>Plantation FL 33324</b>
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97

Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)