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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 603383

(1)

MELROSE, LITZENBLATT & PEICHER, M.D., P.A.

Principal Place	e of Business	Mailing Address			
4701 N. FEDERAL HIGHWAY SUITE A-10 FT. LAUDERDALE FL 33308		4701 N. FEDERAL HIG Suite A-10 Ft. Lauderdale FL 3			
				3. Date Incorporated or Qualified 02/07/1972	3a. Date of Last Report 01/29/1996
<u>1</u>	acc of Business	2a. Mailing Address		4. FEI Number	Applied For
21] Suite, Apt :	it ale	26		59-1378614	Not Applicable
22	r, xxx	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
.—i Zipi ·—i	Country	Zip	Country	8. This corporation has liability for in	
24	25] 9. Name and Address of Cui	29	[30]		Yes No
MEL		rrent Hegistered Agent	61 Name	10. Name and Address of New Rec	Jistered Agent
	rose, James E. I n Federal Hwy A-10				
	LAUDERDALE FL 33308		62 Street Add	dress (P.O. Box Number is Not Acceptable	ie)
(()	EVANCE LE 00000		83		+
			84 City		FL 85 Zip Code
office or re agent. Lar	n familiar with, and accept the of	unganons or, section 607,0505	, Florida Statutes.		
agent Lar SIGNATURE	Signature typed or per fed name of registores	d agent and title if applicable (NOTE: Registered Agent signature requ		DATE
agent Lar SIGNATURE	Signature typed or periodicanie of registores OFFICERS	d agent and title if applicable (NOTE: Registered Agent signature requi	uired when re-natating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
agent Far SIGNATURE 12.	Signature: typed or perhaditative of registerics OFFICERS	d agent and title if applicable (NOTE: Registered Agent signature requi		ERS AND DIRECTORS IN 12
agent Far SIGNATURE 12. THE	Signation typical or particul nature of negotiaries OFFICERS PO MELROSE, JAMES E	d agent and title if opplicable (AND DIRECTORS DELETE	NOTE: Registered Agent signature requision 13. 1.1 TITLE 1.2 NAME		ERS AND DIRECTORS IN 12
agent Far SIGNATURE 12. TILE NAME STREEFADORESS	Signature: typed or perhaditative of registerics OFFICERS	d agent and title if opplicable (AND DIRECTORS DELETE	NOTE: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ERS AND DIRECTORS IN 12
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SIGNATURE: X

MATURE AND 1-850 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dradar

2-28-97

×954) 351-1100

FILED

Mar 05 1997 8:00am

Secretary of State