

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

REGISTRATION  
ANNUAL REPORT  
1995



DEPARTMENT OF STATE  
Tallahassee, Florida  
32399-0001

APPROVED  
AND  
FILED

95 MAY 11 11 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **603474** (8)

**MORTON N. SCHWARTZMAN M.D., AND ASSOCIATES, P.A.**

Principal Office: 5305 S.W. 111TH TH. TEN. FT. LAUDERDALE FL 33328 US  
 Mailing Address: 5305 S.W. 111TH TH. TEN. FT. LAUDERDALE FL 33328 US

USE THIS SPACE

3. Date of Organization / Reinstated <b>04/24/1972</b>	3a. Date of Last Report <b>04/14/1994</b>
4. FEI Number <b>59-1408867</b>	Applied For / Not Applicable
5. Certificate of Status Requested <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing / Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Are you a corporation, partnership, or other entity subject to the provisions of Chapter 687, Florida Statutes? <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

21. Principal Office	26. Mailing Address
22. Telephone Number	27. State Apt # etc
23. City & State	28. City & State
24. Country	29. Country
25. Zip	30. Zip

9. Name and Address of Current Registered Agent <b>SCHWARTZMAN, MORTON N 5305 SW 111TH TERRACE FT. LAUDERDALE FL 33328</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code <b>FL</b>
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11. The undersigned, who is a person of legal age, 21 years and over, Florida Statutes, the undersigned, hereby certifies the statements for the purpose of changing its registered office as required by law of the State of Florida. Such change was authorized by the corporation's board of directors, thereby, it is accepted the appointment as registered agent. I am hereby resigning the registration of the corporation in Florida Statutes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
NAME: <b>PTD SCHWARTZMAN, MORTON N 5305 SW 111TH TERRACE FT. LAUDERDALE FL</b>	1. NAME: _____ 2. TITLE: _____ 3. ADDRESS: _____ 4. CITY: _____ 5. STATE: _____ 6. ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>VS SCHWARTZMAN, MARILYN 5305 SW 111TH TERRACE FT. LAUDERDALE FL</b>	7. NAME: _____ 8. TITLE: _____ 9. ADDRESS: _____ 10. CITY: _____ 11. STATE: _____ 12. ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	13. NAME: _____ 14. TITLE: _____ 15. ADDRESS: _____ 16. CITY: _____ 17. STATE: _____ 18. ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	19. NAME: _____ 20. TITLE: _____ 21. ADDRESS: _____ 22. CITY: _____ 23. STATE: _____ 24. ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	25. NAME: _____ 26. TITLE: _____ 27. ADDRESS: _____ 28. CITY: _____ 29. STATE: _____ 30. ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	31. NAME: _____ 32. TITLE: _____ 33. ADDRESS: _____ 34. CITY: _____ 35. STATE: _____ 36. ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law 1991-12, Florida Statutes. Further, I certify that the information included 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 at the time of the filing of this report as required by Chapter 687, Florida Statutes, and that my name appears on the filing. I declare this to be true and correct under penalty of perjury.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 s/m/95 (305) 650 6188