

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

pg. 1 of 2

97 AUG -8 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 603517 (4)

1. Corporation Name

DADELAND ALLERGY- EAR, NOSE & THROAT ASSOCIATES,  
P.A., SERRINS & WRUBLE

Principal Place of Business

7400 N. KENDALL DR  
MIAMI FL 33156

Mailing Address

7400 N. KENDALL DR  
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1972

3a. Date of Last Report

04/30/1996

4. FEI Number

59-1399058

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

SERRINS, ALAN  
7400 N KENDALL DR  
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SERRINS, ALAN J  
STREET ADDRESS 7400 N. KENDALL DR.  
CITY-ST-ZIP MIAMI FL

TITLE D  
NAME WRUBLE, SYDNEY D  
STREET ADDRESS 7400 N. KENDALL DR.  
CITY-ST-ZIP MIAMI FL

TITLE S  
NAME WRUBLE, SYDNEY  
STREET ADDRESS 7400 N. KENDALL DR.  
CITY-ST-ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

A. Alan  
8/8/97

CP2E034 (4/97)

Pg. 2012

DADELAND ALLERGY — EAR, NOSE & THROAT ASSOCIATES, P.A.

ALAN J. SERRINS, M.D., F.A.C.S., F.A.C.A.I.  
SYDNEY D. WRUBLE, M.D., F.A.C.S., F.A.C.A.I.  
DIPLOMATES, AMERICAN BOARD OF OTOLARYNGOLOGY  
HEAD AND NECK SURGERY

HEARING AND BALANCE CENTER

PULMONARY LABORATORY

VOICE DISORDER LABORATORY

FELLOWS, AMERICAN COLLEGE OF SURGEONS

FELLOWS, AMERICAN COLLEGE OF  
ALLERGY AND IMMUNOLOGY

FELLOWS, AMERICAN ACADEMY OF  
OTOLARYNGIC ALLERGY

August 2, 1997

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Gentlemen:

I am enclosing our check in the amount of \$330 for our two corporations. As you can see these are being filed belatedly, and I am asking that you waive the penalty for us for the following reasons:

I have been managing this practice since its inception in 1972, and we have filed in a timely manner for the past 27 years. I did not receive the forms to file this year, save the two that arrived recently and were second notices.

In addition, we have had a fairly large turnover in our office personnel, and I have had some illnesses that required that I rest at home. While I do not know why I failed to receive our annual reports, these last two situations may have added to the mystery.

I sincerely hope that you will take our history into account and allow us to pay the enclosed amount.

Sincerely,

*Rosalie Peterson*

Rosalie Peterson  
Administrator