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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** #

603517

(4)

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

Principal Place of Business	Mailing Address		
7400 N. KENDALL DR MIAMI FL 33156	7400 N. KENDALL DR MIAMI FL 33156		

FILED Feb 12 1998 8:00am Secretary of State



Principal Place	of Dispusion	Mades Address					
E-66 61 1/2		Mailing Address					
7400 N. KENDALL DR MIAMI FL 33156 7400 N. KENDALL DR MIAMI FL 33156							
			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified		
		1.6-1.1			05/15/1972		
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		pplied For
Suite, Apt. #,	olo	26 Suite, Apt. #, etc			59-1399058		ot Applicab Additionat
	CK.	27			5. Certificate of Status Desired		equired
Cily & State		City & State		6. Election Campaign Financing		\$5.00 May Be	
3		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the	current year in	tangible
4	25	[29]	30		Personal Property Tax due June 30.] No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	ed Agent	
	rins,alan		81	Name			
	N KENDALL DR		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
MAIM	AI FL 33156		83				
			63				
			84	City		85 Zip	Code
44 0	WITTING 146 14 11 665 66	66 - U 667 41 66 TICKE 100 4	- 4b D ab :		poration submits this statement for the purpos		in contains
office or red	gistered agent, or both, in the Stati familiar with, and accept the obliq	e of Florida. Such change was a	authorized by	the corpora	ition's board of directors. I hereby accept the a	appointment as	registered
SIGNATURE SI	analysis book or project nesses the referred as	entaruttic it applicable (NOTI	Final stered Age	nt signature regu	ired when reinstatino) DAT	E	
S)	gnature, typed or protectings is a frequenced as OFFICERS Ab	entaniticitaµpleable (NOTI VDDIBECTORS	Fingistered Age	nt signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS A		AS IN 12
2.				nt signature requ			
■ 5) ₁ 12. If LE	OFFICERS AN PD SERRINS,ALAN J	VD DIRECTORS	13.	nt signature requ		ND DIRECTOR	
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officer or director of the corporation in mines report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a officer or director of the corporation or the receiver or furster 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 my attachment with an address

SIGNATURE: