

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

**FILED**

**May 13 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # 603746 (9)**

**WILLIAM M. SHERMAN M.D., P.A.**



**Principal Place of Business**  
5646 W. ATLANTIC BLVD.  
MARGATE FL 33063

**Mailing Address**  
5600 GODFREY RD  
POMPANO BEACH FL 33067-4107  
US

**3. Date Incorporation or Occurred** 10/03/1972 **3a. Date of Filing** 06/09/1996

**4. FFI Number** 59-1423643 **Applied For Not Applied**

**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 has liability for intangible tax under s. 199.032, Florida Statutes**  Yes  No

**2. Principal Place of Business**

**2a. Mailing Address**

**21. State, Apt. #, etc.**

**22. City & State**

**23. Zip** **Country**

**24.** **25.** **29.** **30.**

**9. Name and Address of Current Registered Agent**

**SHERMAN, WILLIAM M.  
5646 W. ATLANTIC BLVD.  
MARGATE FL 33063**

**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 607.0507 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 607.0508, Florida Statutes.**

**SIGNATURE**

**12. OFFICERS AND DIRECTORS**

<b>11. TITLE</b>	<b>PD</b>	<input type="checkbox"/> DELETE
<b>12. NAME</b>	<b>SHERMAN, WILLIAM M. M.D.</b>	
<b>13. STREET ADDRESS</b>	<b>5646 W. ATLANTIC BLVD.</b>	
<b>14. CITY - ST - ZIP</b>	<b>MARGATE FL</b>	
<b>15. TITLE</b>	<b>ST</b>	<input type="checkbox"/> DELETE
<b>16. NAME</b>	<b>SHERMAN, WILLIAM M. M.D.</b>	
<b>17. STREET ADDRESS</b>	<b>5646 W. ATLANTIC BLVD.</b>	
<b>18. CITY - ST - ZIP</b>	<b>MARGATE FL</b>	
<b>19. TITLE</b>		<input type="checkbox"/> DELETE
<b>20. NAME</b>		
<b>21. STREET ADDRESS</b>		
<b>22. CITY - ST - ZIP</b>		
<b>23. TITLE</b>		<input type="checkbox"/> DELETE
<b>24. NAME</b>		
<b>25. STREET ADDRESS</b>		
<b>26. CITY - ST - ZIP</b>		
<b>27. TITLE</b>		<input type="checkbox"/> DELETE
<b>28. NAME</b>		
<b>29. STREET ADDRESS</b>		
<b>30. CITY - ST - ZIP</b>		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>11. TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addit
<b>12. NAME</b>		
<b>13. STREET ADDRESS</b>		
<b>14. CITY - ST - ZIP</b>		
<b>15. TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addit
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<b>27. TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addit
<b>28. NAME</b>		
<b>29. STREET ADDRESS</b>		
<b>30. CITY - ST - ZIP</b>		

**800002189348 CS  
-05/23/97--01009--045 5/13/97  
\*\*\*165.00**

**14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further 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 a director or officer 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 of this filing, accompanied by an address.**

**SIGNATURE: William M Sherman MD**