

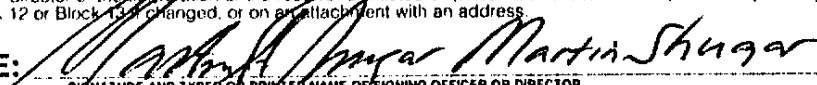
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 604300 (4) 1. Corporation Name MARTIN A. SHUGAR, M.D. & ASSOCIATES, P.A.					
Principal Place of Business			Mailing Address		
2. Principal Place of Business			2a. Mailing Address		
21 2500 Hollywood Blvd. Suite/Apt. #, etc. #212 City & State Hollywood, Fl. Zip 33020 Country Broward			26 2500 Hollywood Blvd. Suite/Apt. #, etc. #212 City & State Hollywood, Fl. Zip 33020 Country Broward		
3. Date Incorporated or Qualified 04/24/1973			3a. Date of Last Report 02/20/1996		
4. FEI Number 59-1456748			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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No					
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
81 Name ROSS H. MANELLA ESQ.			82 Street Address (P.O. Box Number is Not Acceptable) 2500 Hollywood, Blvd.		
83 Suite #212			84 City Hollywood FL 85 Zip Code 33020		
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 			ROSS H. MANELLA 4/7/97		
Signature typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when reinstating) DATE		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE PS			11 TITLE ☐ Change ☐ Addition		
12 NAME SHUGAR, MARTIN A.			12 NAME		
13 STREET ADDRESS 3850 HOLLYWOOD BLVD. #401			13 STREET ADDRESS		
14 CITY- ST- ZIP HOLLYWOOD, FL.			14 CITY- ST- ZIP		
21 TITLE D			21 TITLE ☐ Change ☐ Addition		
22 NAME SHUGAR, MAUREEN			22 NAME		
23 STREET ADDRESS 3850 HOLLYWOOD, BLVD. #401			23 STREET ADDRESS		
24 CITY- ST- ZIP HOLLYWOOD, FL.			24 CITY- ST- ZIP		
31 TITLE ☐ DELETE			31 TITLE ☐ Change ☐ Addition		
32 NAME			32 NAME		
33 STREET ADDRESS			33 STREET ADDRESS		
34 CITY- ST- ZIP			34 CITY- ST- ZIP		
41 TITLE ☐ DELETE			41 TITLE ☐ Change ☐ Addition		
42 NAME			42 NAME		
43 STREET ADDRESS			43 STREET ADDRESS		
44 CITY- ST- ZIP			44 CITY- ST- ZIP		
51 TITLE ☐ DELETE			51 TITLE ☐ Change ☐ Addition		
52 NAME			52 NAME		
53 STREET ADDRESS			53 STREET ADDRESS		
54 CITY- ST- ZIP			54 CITY- ST- ZIP		
61 TITLE ☐ DELETE			61 TITLE ☐ Change ☐ Addition		
62 NAME			62 NAME		
63 STREET ADDRESS			63 STREET ADDRESS		
64 CITY- ST- ZIP			64 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 as changed, or on an attachment with an address.

SIGNATURE:  4/2/97 (954) 761-8153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)