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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 605091

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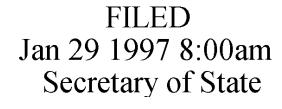
SAMUEL RAND, M.D., P.A.

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Principal Place of Business

5251 N.S7TH ST. EMBRALD HILLS Mailing Address

5251 N.37TH ST. EMERALD HILLS





HOLLYWOOD F	L 33021		HOLLYWOOD FL 33021-2246										
								3. Date Incorp. 04/01/197	orated or Qualified	3a. Date 02/12		eport	
2. Principal P	lace of Busine	2a, Maile	2a. Mailing Address				4. FEI Number			Ap	plied For		
21			26					59-1525	703		No	I Applicable	
Suite, Apt. #, etc.			Suite	Suite, Apt #. etc.				5. Certificate o	Status Desired			Additional	
22			27					J. Germeate C	Otatos Desires	<u> </u>	Fee Re	quired	
City & State			City	City & State					npaign Financing	_	\$5.00		
23 Zip			28		r~ -			Trust Fund C			Added		
Zip 24	-	Country	Zip			untry	,		tion has liability for i			199.032,	
24]		nd Address of Curr	29	Agent	30			Florida Statu	tes L Address of New Re	Yes []			
	D (SAMUEL		ant Magistered	Agent		81	Name	TO, Walle allo	TOUTESS OF HEW THE	Aistolen WA	0111		
	SHERIDAN												
	LYWOOD F						82 Street Address (P.O. Box Number is Not Acceptable)						
HOL	LINOUD	L				83							
\$ 1													
						84	City			FL.	B5 Zipi	Code	
11. Pursuant office or re	to the provision	ons of Sections 607.05 ent, or both, in the Sta	502 and 607.15 te of Florida. Su	08, Florida Statut och change was a	es, the a	bove d by	e-named o	corporation submits this oration's board of direc	s statement for the p tors. I hereby accer	ourpose of chot the appoin	anging it tment as	s registered registered	
agent. I a SIGNATURE	m familiar wit	h, and accept the obli	gations of, Sec	tion 607.0505, Flo	orida Sta	itules	3.						
Signature, typed or printed name of registered agent and little? applicable (NOT) Rec							ont signature r	equired when reinstating)		DATE			
12.		OFFICERS A	ND DIRECTOR		13.			ADDITIONS/C	HANGES TO OFFIC				
TITLE	PD CA	A AL LIEU		☐ DELETÉ	1.1 7	IILE				L.	Change	Addition	
NAME	RAND, SA				1.2 N	IAMÉ						Į	
STREET ADDRESS		RIDAN ST.			1.3 S	TREE1	ADDRESS					ł	
CITY-ST-ZIP	HOLLYWO	JUU FL		·		:11Y - S	IT-ZIP						
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NAME						NAME						j	
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NAME					521							.	
STREET ADDRESS					•		ADDRESS						
CITY-ST-ZIP				DELETE)11Y- <u>S</u>	ST-ZIP				Charre	- Addition	
TITLE				DELETE	6.1 7					L] Change	Addition	
NAME					6.2 N								
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP	ny certify that	the information compl	ied with this file	na doce not avali		11Y-S		ated in Section 119 076	3)(i) Horida Statuto	s. I further o	artify that	the	

Information indicated on this annual report or suppremental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the composition or the receiver or flostee empowered to execute this report as required by Chapter 607, Florida statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attachment with an address.