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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 605169

(2)

SCOTT C. STEIN M.D., P.A.

Principal Place of Business Mailing Address

5 W SAMPLE RD 5 WEST SAMPLE ROAD

POURANO BOLL EL 2004

FILED
Jan 16 1998 8:00am
Secretary of State



POMPANO BCH FL 33064 POMPANO BEACH FL 33064 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/17/1974 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-1535475 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 STEIN, (SCOTT C.) 5 WEST SAMPLE ROAD Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33064 83 84 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. 1017 tein, SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 1.7 TITLE ☐ Change 1,2 NAME NAME STEIN, (SCOTT C.) R2E034 5 WEST SAMPLE ROAD STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS SYREET ADDRESS 2. 4 CITY - ST- ZIP CITY - ST - ZIP Change DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3,3 STREET ADDRESS CITY - ST- ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME NAME STREET ADORESS 6.3 STREET ADDRESS CITY - ST- ZIP 6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE:

1/9/98 -

Davlime Phone # 0152

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