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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Piace of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 624858

(7)

MARVIN H. ERBESFELD, M.D., P.A.

Mailing Address

FILED

Jan 28 1997 8:00am

Secretary of State

	ONGRESS AVE SUITE 303 RTH FL 33461	LAKE WORTH FL 33461-474				
					3. Date Incorporated or Qualified 07/19/1979	3a. Date of Last Report 02/09/1996
2. Princip 21 47	pal Place of Business 7 GLENbrook &	2a. Mailing Address 26 477 <i>SLEW</i>	broo.	KBr.	4. FEI Number 59-1921443	Applied For Not Applicable
Suite,	Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City 1.	PLANTIS, PL	28 AT LAWITS		FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3	3462 25 U.S.A	7 29 33462 3	Country	s.A	This corporation has liability for Florida Statutes	r intangible tax under s. 199.032, Yes
4000 HOLLYWOOD BOULEVARD, SUITE 485 SO				10. Name and Address of New Registered Agent		
				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)		
	Suite 460		83			
HOLLYWOOD FL 33021						
			84	City		FL 85 Zip Code
office	e or registered agent, or both, in the it. I am familiar with, and accept the JRE.	7 0502 and 607.1508, Florida Statutes State of Florida Such change was au obligations of, Section 607.0505. Flori	ithorized by ida Statutes	the corporati	on's board of directors. I hereby acco	ept the appointment as registered
	Signature, typed or printed natural of register			ent signature require	d when reinstating)	DATE
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
TITLE	PST	☐ DELETE	1,1 TITLE	1	/S 7	Change

ERBESFELD IMPRUIN IT ERBESFELD, MARVIN H. 1.2 NAME 4801 S.CONGRESS AVE. 1.3 STREET ADDRESS 477 GLONBROOK BY STREET ADDRESS LAKE WORTH FL ATLANTIS, PL CITY-ST-ZIP 14 CITY-ST-ZIP Change DELETE Addition TITLE 21 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition THE 3.2 NAME NAM: STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CHTY-ST-ZIP Change DELETE 4 1 TITLE Addition TITLE 4 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETÉ Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP

14. If do hereby certly that the information supplied with this fring 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 directly 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 o

SIGNATURI

CRZE034 (9/96)