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 # 643383

(3)

FILED
Apr 07 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address 9850 HOLLYWOOD BLVD. HOLLYWOOD FL 33021 BOWARD J. ZELNICK, M.D. P.A. Mailing Address 9850 HOLLYWOOD BLVD. HOLLYWOOD FL 33021-6748								
					3. Date Incorporated or Qualifie 10/30/1979		ite of Last R 31/1996	teport
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number			oplied For
21		26			59-1936485			ot Applicable
Suite, Apt	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee R	Additional equired
City & Sta	de	City & State			6. Election Campaign Financing Trust Fund Contribution	9 🗆		May Be to Fees
Ζφ 24	Gountry 25	Zip 29	Country 30	,	8. This corporation has liability Florida Statutes	for intangible		199.032,
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New	Registered	Agent	
	LNICK, EDWARD J.		81	Name				
	20 N. 52ND AVENUE LLYWOOD FL		82	Ĺ <u>.</u>	ess (P.O. Box Number is Not Acce	ptable)		
			83]				
			84	City		FL	85 Zip	Code
othee or		e of Florida. Such change was a	authorized by	y the corporati	ion's board of directors. I hereby ac	ccept the app	Ullillingiil as	registered
agent Li SIGNATURE	an Tamiliar with, and accept the oblig	pations of, Section 607.0505, Fix ont and title if applicable (NOT	orida Statutes	S.	coration submits this statement for the construction of the constr	DATE	·· ········ ···	
agent Li	an Tamiliar with, and accept the oblig	jations of, Section 607.0505, Fk	orida Statutes	S.		DATE	·· ········ ···	
agent to SIGNATURE 12. THE NAME STREET ADDRESS	Signature, typed or punted name of registered age OFFICERS AN PO ZELNICK, EDWARD J., M.D. 3820 N. 52ND ST.	pations of, Section 607.0505, Fix ion and life if applicable (NOT) ID DIRECTORS	E. Registered Age	S. ent signature require	ed when reinstating)	DATE	DIRECTOR	RS IN 12
agent to signature. 12. THE NAME STREET ADDRESS CITY-SI-78:	Signature, typed or punited narror of regreered age OFFICERS AN PD ZELNICK, EDWARD J., M.D.	patrons of, Section 607,0505, Fix on and title if applicable (NOT) ID DIRECTORS DELETE	E Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	S. ont signature require	ed when reinstating)	DATE	DIRECTOR Change	RS IN 12
agent to SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-70°	Signature, typed or punited name of registered age OFFICERS AN PO ZELNICK, EDWARD J., M.D. 3820 N. 52ND ST.	pations of, Section 607.0505, Fix ion and life if applicable (NOT) ID DIRECTORS	E Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE	S. ont signature require	ed when reinstating)	DATE	DIRECTOR	RS IN 12
agent I: SIGNATURE 12. TILLE HAMI SIREELADDIESS CUY-SL-ZIP TITLE NAMI STREELADDRESS	Signature, typed or punt of name of regressed age OF FICERS AN PO ZELNICK, EDWARD J., M.D. 3620 N. 52ND ST. HOLLYWOOD FL	patrons of, Section 607,0505, Fix on and title if applicable (NOT) ID DIRECTORS DELETE	E Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	S. ADDRESS ADDRESS ADDRESS	ed when reinstating)	DATE	DIRECTOR Change	RS IN 12
agent I: SIGNATURE 12. TILLE HAMI STREEL ADDRESS CITY-SU-ZIP TITLE NAMI STREEL ADDRESS CITY-SU-ZIP CITY-SU-ZIP CITY-SU-ZIP CITY-SU-ZIP CITY-SU-ZIP CITY-SU-ZIP	Signature, typed or punt of name of regressed age OF FICERS AN PO ZELNICK, EDWARD J., M.D. 3620 N. 52ND ST. HOLLYWOOD FL	patrons of, Section 607,0505, Fix one and title if applicable (NOT ID DIRECTORS DELETE	E Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	S. ADDRESS ADDRESS ADDRESS	ed when reinstating)	DATE	DIRECTOR Change	RS IN 12 Addition Addition
agent I: SIGNATURE 12. HAMI SIREELADDIFSS CHY-SI-ZIP HTLE NAMI STREELADDRESS CHY-SI-ZIP HTLE NAMI STREELADDRESS CHY-SI-ZIP HTLE HTLE HTLE HTLE HTLE HTLE HTLE HTLE	Signature, typed or punt of name of regressed age OF FICERS AN PO ZELNICK, EDWARD J., M.D. 3620 N. 52ND ST. HOLLYWOOD FL	patrons of, Section 607,0505, Fix on and title if applicable (NOT) ID DIRECTORS DELETE	E Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	S. ADDRESS ADDRESS ADDRESS	ed when reinstating)	DATE	DIRECTOR Change	RS IN 12
AGONT LESSIGNATURE 12. TITLE NAME STREEL ADDRESS CHY-SL-ZIP TITLE NAME STREEL ADDRESS CHY-SL-ZIP CHY-SL-ZIP CHY-SL-ZIP CHY-SL-ZIP CHY-SL-ZIP	Signature, typed or punt of marrie of respected as OFFICERS AN POZELNICK, EDWARD J., M.D. 3620 N. 52ND ST. HOLLYWOOD FL	patrons of, Section 607,0505, Fix one and title if applicable (NOT ID DIRECTORS DELETE	E Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	S. ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	ed when reinstating)	DATE	DIRECTOR Change	RS IN 12 Addition Addition
agent 1: SIGNATURE 12. TITLE HAMI STREEL ADDIESS CITY-ST-7P TITLE NAME STREEL ADDRESS CITY-ST-7P THEE NAME STREEL ADDRESS CITY-ST-7P	Signature, typed or punt of marrie of respected as OFFICERS AN POZELNICK, EDWARD J., M.D. 3620 N. 52ND ST. HOLLYWOOD FL	pations of, Section 607,0505, Fix on and life if applicable (NOT ID DIRECTORS ID DELETE DELETE DELETE	E Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S	S. ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	ed when reinstating)	DATE	DIRECTOR Change Change	RS IN 12 Addition Addition
AGONT LESSIGNATURE 12. TITLE NAME STREEL ADDRESS CITY ST. ZIP TITLE NAME STREEL ADDRESS CITY ST. ZIP TITLE NAME STREEL ADDRESS STREEL ADDRESS STREEL ADDRESS	Signature, typed or punt of marrie of respected as OFFICERS AN POZELNICK, EDWARD J., M.D. 3620 N. 52ND ST. HOLLYWOOD FL	patrons of, Section 607,0505, Fix one and title if applicable (NOT ID DIRECTORS DELETE	E Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.1 TITLE	S. ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	ed when reinstating)	DATE	DIRECTOR Change	RS IN 12 Addition Addition
AGONT LESSIGNATURE 12. TILLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE	Signature, typed or pents of marie of respected ap OFFICERS AN PO ZELNICK, EDWARD J., M.D. 3620 N. 52ND ST. HOLLYWOOD FL	pations of, Section 607,0505, Fix on and life if applicable (NOT ID DIRECTORS ID DELETE DELETE DELETE	E Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S	S. ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP	ed when reinstating)	DATE	DIRECTOR Change Change	RS IN 12 Addition Addition
AGONT LESSIGNATURE 12. TILLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or pents of marie of respected ap OFFICERS AN PO ZELNICK, EDWARD J., M.D. 3620 N. 52ND ST. HOLLYWOOD FL	pations of, Section 607,0505, Fix One and interirapplicable (NOT ID DIRECTORS ID DELETE DELETE DELETE	E Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME	S. ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	ed when reinstating)	DATE	DIRECTOR Change Change Change	Addition Addition Addition
AGORT 1: SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY ST 70* TITLE	Signature, typed or pents of marie of respected ap OFFICERS AN PO ZELNICK, EDWARD J., M.D. 3620 N. 52ND ST. HOLLYWOOD FL	pations of, Section 607,0505, Fix on and life if applicable (NOT ID DIRECTORS ID DELETE DELETE DELETE	E Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.1 TITLE 5.1 TITLE	S. ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	ed when reinstating)	DATE	DIRECTOR Change Change	AS IN 12 Addition Addition
AGORT LE SIGNATURE 12. THE HAMI SHEEL ADDRESS CHY-SI-7/P THE NAME THE NAME	Signature, typed or punted name of regressed age OF FICERS AN PO ZELNICK, EDWARD J., M.D. 3820 N. 52ND ST. HOLLYWOOD FL	pations of, Section 607,0505, Fix One and interirapplicable (NOT ID DIRECTORS ID DELETE DELETE DELETE	E Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	S. Short signature require ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	ed when reinstating)	DATE	DIRECTOR Change Change Change	Addition Addition Addition
AGORT TE SIGNATURE 12. TILLE NAME STREEL ADDRESS CITY-ST-ZIP TILLE NAME STREEL ADDRESS CITY-ST-ZIP TILLE NAME STREEL ADDRESS CITY-ST-ZIP TILLE NAME STREEL ADDRESS CITY-ST-ZIP TILLE NAME STREEL ADDRESS CITY-ST-ZIP TILLE	Signature, typed or punted name of regressed age OF FICERS AN PO ZELNICK, EDWARD J., M.D. 3820 N. 52ND ST. HOLLYWOOD FL	pations of, Section 607,0505, Fix One and interirapplicable (NOT ID DIRECTORS ID DELETE DELETE DELETE	E Registered Age 13. 1.1 Title 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.1 TITLE 5.2 NAME 5.3 STREET 5.2 NAME 5.3 STREET	S. Short signature require ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	ed when reinstating)	DATE	DIRECTOR Change Change Change	Addition Addition Addition
AGORT LE SIGNATURE 12. THE HAMI SHEEL ADDRESS CHY-SI-7/P THE NAME THE NAME	Signature, typed or punted name of regressed age OF FICERS AN PO ZELNICK, EDWARD J., M.D. 3820 N. 52ND ST. HOLLYWOOD FL	pations of, Section 607,0505, Fix One and interirapplicable (NOT ID DIRECTORS ID DELETE DELETE DELETE	E Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	S. Short signature require ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	ed when reinstating)	DATE	DIRECTOR Change Change Change	Addition Addition Addition
AGORT 1: SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE	Signature, typed or punted name of regressed age OF FICERS AN PO ZELNICK, EDWARD J., M.D. 3820 N. 52ND ST. HOLLYWOOD FL	DELETE DELETE	E Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	S. Short signature require ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	ed when reinstating)	DATE	DIRECTOR Change Change Change Change	Addition Addition Addition Addition
AGORT LE SIGNATURE 12. TILLE HAMI STREELADDRESS CITY-SL-ZIP TITLE NAME STREELADDRESS CITY-SL-ZIP TITLE	Signature, special or pured a narral of representation of FICER'S AN PO ZELNICK, EDWARD J., M.D. 3820 N. 52ND ST. HOLLYWOOD FL	DELETE DELETE	E Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	S. ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	ed when reinstating)	DATE	DIRECTOR Change Change Change Change	Addition Addition Addition Addition

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 indomation indomat

SIGNATURE: