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 3 DIVISION OF CORPORATIONS

DOCUMENT # 666404

(9)

Mailing Address

FILED Feb 04 1997 8:00am Secretary of State

Principal Place of Business

STUART CYPEN, D.O., P.A.

Suite April 4, etc. 27	1613 NORTH HI PEMBROKE PIN			PEMBROKE PINES FL 3								
Suite, Apt. #, etc.												
Surie, Apri. #, etc. Surie, Apri. #, etc.		lace of Business		2a. Mailing Address			4.			 +	````	
City & Stale City & Stale City & Stale City & Stale Country Ze Ze Ze Ze Ze Ze Ze Ze Ze Z	21	H =1						59-1989445				
28 Trust Fund Contribution Added to Peas 30 Summa and Address of Current Registered Agent 20 Sol Prioride Statutes 20 Sol Prioride St	22		2	····)			5.	Certificate of Status Desired		· · ·		
Section Sect	City & Stati 23 Zip	é		1			6.					
9. Name and Address of Current Registered Agent CYPEN, STUART, D. O. 1813 NORTH HIATUS ROAD PEMBROKE PINES FL 33028 84 City FL 85 Zip Code 17. Pursuant to the provisions of Socions 607 5002 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 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 Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent and in state of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent agent and in state of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent agen	Zip 24	h	ļ	1	i	untry	8.				199.032,	
1813 NORTH HIATUS ROAD PEMBROKE PINES FL 33026 82 Street Address (P.O. Box Number is Not Acceptable) 83 But City FL 85 Zip Code 11. Pursuant to the provisions of Soctions 697 0502 and 697 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the eligiblicans of, Section 607 0505. Florida Statutes 160NaTURE 17. PO	<u></u>				1 2.21		10.		v Registere	d Agent		
PENBROKE PINES FL 33028 Salar State Sta	CYPI	en, stuart, d. o.				81 Name					,	
PEMBROKE PINES FL 33028 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Socions 807 DX02 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the eligiblishins of Section 807 DX05 Florida Statutes. 11. Pursuant to the provisions of Socions 807 DX02 and 607 1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the experience of socions 807 DX05 Florida Statutes. 12. Corporation is provision to be prevaled and inspection of the experience of the corporation's board of directors. I hereby accept the experience of t						82 Street	Address (F	O Box Number is Not Acce	otable)	**************		
Bed City FL St Zip Code	PEM	Broke Pines FL 330)26				, 1001,650 (t	10.00/110/11001				
11. Pursuant to the previsions of Sections 807.0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, and accept the obligations of 807.0508. Florida Statutes. 3GINATURE 30GINATURE 30GINA	•					83						
11. Pursuant to the provisions of Sections 807.0502 and 607.1508. Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered agent. I not obtain in the State of Florida Subch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	* ! *					84 City	··········			85 Zip	Code	
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 an analysis with, and accept the obligations of, Section 607.0505, Florida Statutes. Common the state of Florida Statutes Common the state of Florida Statutes	ff Danie	A. the was dalance of Const	607 0500	d CO3 1EO0 Elacida Co	d. das the e	1	l a a va a catio	a sharts this statement for			to conjete and	
CALCE Page-lear place or process and or programmed upers and see a large collect.	office or r	registered agent, or both,	, in the State of F	lorida Such change wa	as authorize	ed by the corp	poration's t	poard of directors. I hereby a	ccept the ap	opointment as	registered	
ILLE OFFICERS AND DIRECTORS IN 12 THE OVERN, STUART 12 NAWE SIRRET ADDRESS 13 STREET ADDRESS 11 A CHY-ST-ZPP THE ORDERS OFFICERS AND DIRECTORS IN 12 NAWE SIRRET ADDRESS 14 CHY-ST-ZPP THE ORDERS 15 STREET ADDRESS 15 STREET ADDRESS 16 CHY-ST-ZPP THE ORDERS 17 STREET ADDRESS 17 STREET ADDRESS 18 STREE	SIGNATURE	Stignature, typeid or p-inted name:	of registered agent as	d title it applicable. (6	NOTE: Register	d Agent signature	e required when	n reinstating)	DATE			
CYPEN, STUART 1813 N. HIATUS RD. PEMBROKE PINES FL 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition SIREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE 3.2 NAME 3.2 SIREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE Change Addition Addition ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE Change Addition Addition ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE Change Addition Addition ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE Change Addition Addition ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE ADDRESS CITY-ST-ZIP ADDRE	12.										RS IN 12	
SIREET ADDRESS CITY-ST-ZIP 13 STREET ADDRESS CITY-ST-ZIP 14 CITY-ST-ZIP 15 STREET ADDRESS CITY-ST-ZIP 16 Change Addition Add	TITLE			☐ DELETE	1.1 1	ITLE				Change	Addition	
PEMBROKE PINES FL 11 CITY ST-ZIP DELETE 21 TITLE 22 NAME 23 STREET ADDRESS CITY ST-ZIP DELETE 31 TITLE 32 NAME 32 NAME 32 NAME 33 STREET ADDRESS CITY ST-ZIP DELETE 41 TITLE Change Addition Addit	NAME				1.21	iame	Į					
DELETE 21 TITLE Change Addition	STREET ADORESS				1.3 5	TREET ADDRESS	ļ					
AMME STREET ADDRESS CHY- ST-ZIP 2 A CHIY-ST-ZIP Change Addition	CITY-ST-ZIP	PEMBROKE PINES I	FL		1.4 (ITY-ST-ZIP	<u> </u>					
STREET ADDRESS CITY: ST-ZIP DELETE DELETE 3.1 TITLE Change Addition STREET ADDRESS STREET ADDRES	TITLE			☐ DELETE	2.11	ITLE		·		Change	Addition	
2 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition 32 MAME 32 MAME 32 MAME 33 STREET ADDRESS 33 STREET ADDRESS 33 STREET ADDRESS 34 CITY-ST-ZIP TITLE Change Addition Addition	NAME.	}			2.21	IAME						
DELETE 3.1 TITLE	STREET ADDRESS				2.3 9	TREET ADDRESS						
STREET ADDRESS 33 STREET ADDRESS 34 CITY: ST-ZIP ITLE DELETE 41 TIFLE AMME 42 NAME 43 STREET ADDRESS CITY: ST-ZIP DELETE 51 TIFLE DELETE 51 TIFLE DELETE 51 TIFLE DELETE 53 STREET ADDRESS CITY: ST-ZIP DELETE 51 TIFLE DELETE 53 STREET ADDRESS CITY: ST-ZIP DELETE 54 CITY: ST-ZIP DELETE 53 STREET ADDRESS CITY: ST-ZIP DELETE 54 CITY: ST-ZIP DELETE 56 TIFLE Change Addition Addit	City-St-ZIP				2.4	CITY-ST-ZIP						
STREET ADDRESS JITY- ST-ZIP JA CITY- ST-ZIP JA CITY- ST-ZIP JAME JA CITY- ST-ZIP JAME JA CITY- ST-ZIP JAME JAME	TITLE			☐ DELETE	3.11	ITLE				Change	Addition Addition	
STREET ADDRESS STREET	NAME				3.21	IAME						
TITLE DELETE 41 TITLE Change Addition AMME 4 2 NAME 4 3 STREET ADDRESS CITY-ST-ZP ADDRESS DELETE 51 TITLE DELETE 51 TITLE STREET ADDRESS STREET ADDRE	STREET ADDRESS				3.3 5	TREET ADDRESS					•	
A 2 NAME STREET ADDRESS STREET ADDRESS A 4 CITY-ST-ZIP STREET ADDRESS STR	CITY-ST-ZIP				34.	CITY-ST-ZIP						
A 3 STREET ADDRESS CITY - ST - ZIP CHAME CHARTE	TITUE			DELETE	411	ITLE				Change	Addition	
Addition of the property of the 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 irridicated 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; the m	. NAME			•	4 2	NAME	ļ					
DELETE 5.1 TITLE Change Addition DELETE DEL	STHEET ADDRESS				435	TREET ADDRESS						
STREET ADDRESS STREET ADDRESS	CITY-ST-Z-P				440	HTY-ST-ZIP	ļ	······································		·		
STREET ADDRESS CHY-ST-ZIP DELETE 61 TITLE GACHY-ST-ZIP CHANGE 62 NAME 63 STREET ADDRESS CHY-ST-ZIP 64 CHY-ST-ZIP 64 CHY-ST-ZIP 64 CHY-ST-ZIP 64 CHY-ST-ZIP 64 CHY-ST-ZIP 65 STREET ADDRESS CHY-ST-ZIP 66 STREET ADDRESS 67 STREET ADDRESS 67 STREET ADDRESS 68 STREET ADDRESS 69 STREET ADDRESS 69 STREET ADDRESS 69 STREET ADDRESS 60 STREET ADDRESS 60 STREET ADDRESS 61 STREET ADDRESS 62 STREET ADDRESS 63 STREET ADDRESS 64 CHY-ST-ZIP 64 CHY-ST-ZIP 65 STREET ADDRESS 66 STREET ADDRESS 66 STREET ADDRESS 67 STREET ADDRESS 67 STREET ADDRESS 68 STREET ADDRESS 69 STREET ADDRESS 69 STREET ADDRESS 61 STREET ADDRESS 62 STREET ADDRESS 63 STREET ADDRESS 64 CHY-ST-ZIP 64 CHY-ST-ZIP 65 STREET ADDRESS 66 STREET ADDRESS 67 STREET ADDRESS 67 STREET ADDRESS 67 STREET ADDRESS 68 STREET ADDRESS 69 STREET ADDRESS 69 STREET ADDRESS 61 STREET ADDRESS 62 STREET ADDRESS 63 STREET ADDRESS 64 CHY-ST-ZIP 64 STREET ADDRESS 65 STREET ADDRESS 66 STREET ADDRESS 66 STREET ADDRESS 67 STREET ADDRESS 67 STREET ADDRESS 67 STREET ADDRESS 67 STREET ADDRESS 68 STREET ADDRESS 69 STREET ADDRESS 69 STREET ADDRESS 61 STREET	HILE			☐ DELETE				Same and the same of the same		L Change	Addition	
STREET ADDRESS CITY-ST-ZIP 1.1 Ido 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 irridicated 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; the	NAME				5.21	IAME		· · ·				
DELETE 6.1 TITLE STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 4. 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; the	STREET ADORESS				5.3 5	TREET ADDRESS	1	4				
62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY - ST - ZIP 64. 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; the	CITY-ST-ZIP						ļ					
63 STREET ADDRESS 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; the	TITLE			L_J DELETE	1					□ Change	Addition	
6.4 City-St-ZIP 6.4 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; the	NAME				6.21	IAME						
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; the	STREET ADDRESS				6.3 \$	TREET ADDRESS	1					
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; the	City-St-7IP						<u> </u>					
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 hanged, or on an attachment with an address.	l am an o	officer or director of the co	opporation or the	receiver or trustee emp	owered to							