


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

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Apr 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 673514 (6)</b>					
1. Corporation Name <b>JOEL D. SCHRAM, M.D., P.A.</b>					
Principal Place of Business <b>4030 SHERIDAN STREET #B HOLLYWOOD FL 33021</b>			Mailing Address <b>400 SAN MARCO DR FT LAUDERDALE FL 33301-2544 US</b>		
2. Principal Place of Business 21 <b>Cost Care</b> Suite, Apt. #, etc. <b>2727 Paces Ferry Rd. N.W. etc.</b> 22 <b>Suite 600 Atlanta, Ga.</b> City & State 23 <b>Atlanta Ga.</b> Zip <b>30339</b> Country <b>US</b>		2a. Mailing Address 26 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified <b>07/01/1980</b> 3a. Date of Last Report <b>04/15/1996</b> 4. FEI Number <b>59-2002631</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>SCHRAM, JOEL D MD 400 SAN MARCO DR. FT. LAUDERDALE FL 33301</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>		
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. SIGNATURE <i>Joel D. Schram</i> DATE <b>4/14/97</b> (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE <b>DP</b> <input checked="" type="checkbox"/> DELETE NAME <b>SCHRAM, JOEL D., M.D.</b> STREET ADDRESS <b>4030 SHERIDAN ST #B</b> CITY-ST-ZIP <b>HOLLYWOOD FL</b> TITLE <b>DP</b> <input checked="" type="checkbox"/> DELETE NAME <b>Joel D. Schram, M.D.</b> STREET ADDRESS <b>2727 Paces Ferry Rd. Suite 600</b> CITY-ST-ZIP <b>Atlanta, Ga. 30339</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>Joel D. Schram, M.D.</b> 1.3 STREET ADDRESS <b>2727 Paces Ferry Rd.</b> 1.4 CITY-ST-ZIP <b>Atlanta, Ga. 30339</b> 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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; 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: <i>Joel D. Schram</i> DATE <b>4/14/97</b> 1-800-762-4538 Ext 3076 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)