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Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 673514 (6)

1. Corporation Name

JOEL D. SCHRAM, M.D., P.A.



Principal Place of Business

Mailing Address

COST CARE
227 PACES FERRY ROAD NW. #600
ATLANTA GA 30339
US

400 SAN MARCO DR
FT LAUDERDALE FL 33301
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1980

4. FEI Number

59-2002631

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 313 Windmill Palm Ave

Suite, Apt. #, etc.

22 City & State
Plantation, Fla.

23 Zip
33324

25 Country

2a. Mailing Address

26 313 Windmill Palm Ave

Suite, Apt. #, etc.

27 City & State
Plantation Fla.

28 Zip
33324

30 Country

9. Name and Address of Current Registered Agent

SCHRAM, JOEL D MD
400 SAN MARCO DR.
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

Joel D. Schram, MD

82 Street Address (P.O. Box Number is Not Acceptable)

313 Windmill Palm Ave

83

84

City Plantation

FL

85

Zip Code
33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/98

12. OFFICERS AND DIRECTORS

TITLE DP
NAME SCHRAM MD, JOEL D
STREET ADDRESS 2727 PACES FERRY ROAD
CITY-ST-ZIP ATLANTA GA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Joel D. Schram, MD
1.3 STREET ADDRESS 313 Windmill Palm Ave
1.4 CITY-ST-ZIP Plantation Fla. 33324

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 in an attachment with an address.

SIGNATURE:

Joel D. Schram, MD

4/21/98

954-816-1998

CR2E034 (10/97)