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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **689678** **(1)**

1. Corporation Name
GERALD J. BALSAM, M.D., P.A.

Principal Place of Business	Mailing Address
~~1392 NORTH UNIVERSITY DRIVE~~	~~P.O. BOX 16263~~
~~PLANTATION FL 33322~~	~~PLANTATION FL 33318-6263~~
US	US

3. Date Incorporated or Qualified: 10/01/1980
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 1340 RIDGEWOOD AVENUE
Suite, Apt. #, etc.
22
City & State: 23 HOLLY HILL, FL
Zip: 24 32117 Country: 25 U.S.

2a. Mailing Address
26 P.O. BOX 730656
Suite, Apt. #, etc.
27
City & State: 28 ORMOND BEACH, FL
Zip: 29 32173-0656 Country: 30 ~~U.S.A.~~ U.S.

4. FEI Number: 59-2034146 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
~~BALSAM, GERALD J, MD.~~
~~1392 NORTH UNIVERSITY DRIVE~~
~~PLANTATION FL 33322~~

10. Name and Address of New Registered Agent
81 Name: NEW ADDRESS;
82 Street Address (P.O. Box Number is Not Acceptable): 1340 RIDGEWOOD AVENUE
83
84 City: HOLLY HILL FL 85 Zip Code: 32117

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BALSAM, GERALD J. ~~1392 N UNIVERSITY DRIVE~~ ~~PLANTATION FL~~	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	ADDRESS 1340 RIDGEWOOD AVENUE HOLLY HILL FL 32117	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BALSAM, LENORE S. ~~1392 NORTH UNIVERSITY DRIVE~~ ~~PLANTATION FL~~	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	ADDRESS 1340 RIDGEWOOD AVENUE HOLLY HILL FL 32117	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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: [illegible] LENORE BALSAM, DATE: 4/30/97