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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 695892

(0)

EDWARD B. FERRER, M.D., P.A.

Principal Place of Business Mailing Address 1930 N.E. 47TH ST., SUITE 308 1930 N.E. 47TH ST., SUITE 308 FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308-7729 3. Date Incorporated or Qualified 3a. Date of Last Report 07/23/1981 01/31/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2105621 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional П 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation has liability for interigible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name EDWARD B FERRER, MD Edward B. Street Address (P.O. Box Number is Not Acceptable) 1830 NE 47TH STREET 82 **SUITE 308** 83 FT. LAUDERDALE FL 33308 84 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, arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature Typed or profed care of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PST DELETE TITLE 11 TITLE Change Addition FERRER, EDWARD B. 1.2 NAME 1900 S. Ocean Blud, #11-J Pompano Beach, FL 33062 3040 NE 43RD ST 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE, FL 00000 CITY-ST-ZIP 1.4 City - ST-ZIP DELETE TITLE 21 TITLE \_\_\_ Addition NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-7:P 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZiP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **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

S. A. PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed or on an attachment with an address.

CITY-ST-7/P

23 JAN 97

**FILED** 

Jan 29 1997 8:00am

Secretary of State