

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT

~~1994~~ 1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 15 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Corporation Name
HERBERT PARDELL, D.O., P.A.

DOCUMENT #
698742 (4)

Mailing Address
**210 S. FEDERAL HWY
302
HOLLYWOOD FL 33020
US**

Principal Place of Business
**210 S. FEDERAK HWY
302
HOLLYWOOD FL 33020
US**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address
21
Suits, Apt. #, etc.
22
City & State
23
Zip
Country
25

2a. Principal Place of Business
26
Suits, Apt. #, etc.
27
City & State
28
Zip
Country
29

3. Date Incorporated or Qualified
08/12/1981

3a. Date of Last Report
04/26/1993

4. FEI Number
59-2112401

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

7. Nonprofit Exempt from \$138.75 Supplemental Fee

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HERBERT, PARDELL, DO
2170 BAYBERRY RD.
PEMBROKE PINES FL 33024**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1509 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office by 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 or 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **3/10/95**

12. OFFICERS AND DIRECTORS

11 TITLE	D/P
12 NAME	PARDELL, HERBERT D O
13 STREET ADDRESS	2170 BAYBERRY RD.
14 CITY - ST - ZIP	PEMBROKE PINES FL
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	800001431778
24 CITY - ST - ZIP	-03/16/95--01084--009
31 TITLE	****200.00
32 NAME	****200.00
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(k) of the above law. The information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath; that I have fulfilled all obligations concerning unexpired obligations properly imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 717 of Chapter 617.05 Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **3/10/95 (205) 962-0470**