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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 05 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # **F25100**

(1)

H. MICH	AEL BASS, M.D., F.A.C.S.	, P.A.			
Principal Place of Business Mailing Address 2855 UNIVERSITY DR #400 CORAL SPRINGS FL 33065 Mailing Address 2855 UNIVERSITY DR #400 CORAL SPRINGS FL 33065-1					11811 B1841 B1811 B1811 B1844 B1811 1881
			•	3. Date Incorporated or Qualified 03/12/1981	3a. Date of Last Report 03/15/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2096535	Not Applicable
Suite, Apt. :	# _i eta	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		City & State		A Floring Countries Phononics	
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zışı	Country	Zip .	Country	8. This corporation has liability for it	
24	25	29	30	Florida Statutes	Yes 🔲 No
	9, Name and Address of Curr	ent Registered Agent	lad I	10. Name and Address of New Reg	gistered Agent
	S, H MICHAEL, M.D.		81 Name		
	UNIVERSITY DRIVE		82 Street Add	iress (P.O. Box Number is Not Acceptab	le)
	E 400 AL SPRINGS FL 33065		83		
COR	AL SENINOS EL SSUSS				
			64 City	•	FL 85 Zip Code
11. Pursuant to office or reagent. Lar	o the provisions of Sections 607 05 agistered agent, or both, in the Sta in familiar with, and accept the obli	502 and 607, 1508, Florida Stati te of Florida Such change was gations of, Section 607,0505, F	utes, the above-named cor authorized by the corpora lorida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered
	Styriature, typed or placted name of registered a		TE Registered Agent signature requ		DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change
NAME	BASS, H MICHAEL		1.2 NAME		C change C vocition
STREET ADDRESS	2855 UNIVERSITY DR.#400		13 STREET ADDRESS		
CHY-ST-74°	CORAL SPRINGS FL		1.4 CHY-ST-ZIP		
THE		☐ DELETE	21 TITLE		Change Addition
NAME:		•	22 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-71			2 4 CITY-ST-ZIP		
Till F		☐ DELETE	31 TITLE		L Change L Addition
NAME CALCOLAR TOURS			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-ST-7F THLE		DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME			4. 2 NAME		_ , _
STREET ADORESS			4.3 STREET ADDRESS		
COY-ST ZII			4.4 City-St-ZiP		
TITLE		DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	· ·		5 3 STREET ADDRESS		
CHY-SI-2H TITLE	The second secon	DELETE	6.4 CITY-ST-ZIP		Change Addition
NAME		C pricit	6 1 TITLE 6 2 NAME		T cuartic T veoluni
STREET ADDRESS			6.3 STREET ADDRESS		
CHD'- ST-ZII		_	6.3 STREET ADDRESS		
14. I do hereb	y certify that the information suppl	ed with this filling does not qua	lify for the exemption state	d in Section 119.07(3)(i), Florida Statutes	I further certify that the
information Labi an of appears in	n indicated on this annual febrit or ficer or director of the compration i i Block 12 or Block 13 it of inged	r supplymental formual report is of the receive of trustee empo or up an allachment with an e	true and accurate and that wered to execute this repo idress.	my signature shall have the same legal of acrequired by Chapter 607, Florida Si	effect as if made under oath; that tatutes; and that my name