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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F45911

(7)

MELVIN E. PANN, M.D., P.A.

Mailing Address

FILED Mar 12 1998 8:00am Secretary of State

|--|

Principal Place	e of Business	Mailing Address						
7421 NORTH	university dr.	7421 NORTH UNIVERSITY D	7421 NORTH UNIVERSITY DR.					
SUITE 304		SUITE 304			DO NOT WENT IN	CUIC ODACE		
TAMARAG FL 33321		TAMARAC FL 33321		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
					· .		1	
9 Principal P	lace of Business Cy	2a. Mailing Address			10/01/1981 4. FEI Number			
z. Principal P	ace of Business 7154 Court	28. Mailing Adoress	714/00	. 4-		——————————————————————————————————————	pplied For	
21 7 7 / Suite, Apt	1000	26 / 10 10 . U.	71 600	8 1	59-2128686		ot Applicable	
	ite 103	Suite 103			6. Certificate of Status Desired		Additional equired	
22 3 U City & State		Suite, Apt. #, etc. 27 Suite 103 City 8 State						
23 Tamurac, FL		28 Tamarac, FL			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 3 3 3	Bal V.S.A.	29 3332 / 34	Country 1		 This corporation owes or has paid the Personal Property Tax due June 30. 	/ _	itangible ☑ No	
	g. Name and Address of Current F		7777		10. Name and Address of New Registe			
DAI	NN, MELVIN E. MD	· · · · · · · · · · · · · · · · · · ·	81 Nam	ιθ				
	173 N.W. 4TH COURT							
	RAL SPRINGS FL 33071		82 Stree	82 Street Address (P.O. Box Number is Not Acceptable)				
			83					
			84 City			FI 85 Zip	Code	
≰ ¶ Durauant I	to the previous of Sections 607 (4:02	and CO7 1508 Florida Statuton	the about pame	od corpo	'	•	its registered	
office or r	egistered agent, or both, in the State of	Florida Such change was auf	horized by the co	orporatio	ration submits this statement for the purpo n'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 Notice of the special properties and the stapped and the stapped state (NOTE Registered Agent eigneture required when reinstating) DATE								
12.	OFFICERS AND I		13.	ure required	ADDITIONS/CHANGES TO OFFICERS		DS IN 12	
TITLE	-P	DELETE	1.3 TiTLE	0	ADDITIONS/CHANGES TO OFFICENS			
NAME	PANN, MELVIN E MD	LLL VICELL	1.2 NAME	24	NN, MELVINE MD.	orado	dress Addition	
	7421 NORTH UNIVERSITY DR				IN NIW 713+COURT		19	
STREET ADDRESS			1.3 STREET ADDRESS	S ///	marac, FL 33321		[]	
CITY-ST-ZIP	TAMARAC FL	DELETE	1.4 CITY-ST-ZIP	70	(ynarae) 1 = 33341	Change	☐ Addition (
TITLE		DETER	2 1 TITLE	Ì		Change	C ADDITION 1	
NAME		ļ	2.2 NAME					
STREET ADDRESS		ł	23 STREET ADDRESS	S				
CITY-ST-ZIP			2 4 CITY-ST-ZIP					
TITLE		☐ DELETE	31 TITLE	1		Change	Addition	
NAME		i	3.2 NAME	1			1	
STREET ADDRESS			3.3 STREET ADDRESS	s			<u>.</u>	
CITY - ST - ZIP			3.4. CITY - ST - ZIP					
TITLE		☐ DELETE	4.1 TITLE	1		Change	☐ Addition	
NAME			. 4.2 NAME	1			ļ	
STREET ADDRESS			4.3 STREET ADDRESS	s]	
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE	Ī		Change	Addition	
NAME		ļ	5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS	s			1	
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME	1			İ	
STREET ADDRESS			63 STREET ADDRESS	s				
CITY-ST-ZIP			64 CITY-ST-ZIP	1			ļ	
14. I hereby c	cortify that the information supplied with	this filing does not qualify for t	the exemption sta	ated in Se	ection 119.07(3)(i), Florida Statutes. I furth	er certify that the	information	
indicated	on this annual report or supplemental a	annual report is true and accur-	ate and that my s	signature	shall have the same legal effect as it mad	te under oath: th	atlam 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 or an attachment with an address.

SIGNATURE:

meluni

ann, M.D

3/3/98

954-724-6600