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 # F47856

(2)

LESLIE SHAWN, D.O., P.A.

| | 1 | 'ILEL |) |
|-----|------|--------|---------|
| Mar | 19 | 1998 | 8:00am |
| Se | crei | tary o | f State |

| | | | | | | | <u> </u> | | | | |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------|----------------------------|--|
| Principal Plac | ce of Business | Mai | iling Address | | | | | | HAIL ALE | *** 61811 1881 | |
| % LESLIE SHAWN. D.O. 261 NORTH UNIVERSITY DRIVE PEMBROKE PINES FL 33024-6715 | | | % Leslie Shawn, D.O. 261 North University Drive Pembroke Pines Fl 33024-6715 | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | | 3. Date Incorporated or Qualified 10/08/1981 | | | | |
| 2. Principal F | Place of Business | 28. | Mailing Address | | | | 4. FEI Number | 1 | | oplied For | |
| 21 | | 26 | g damees | | | | 59-2150091 | | | ot Applicable | |
| Suite, Apt. | #, elc. | | Suite, Apt. #, etc. | | | | | - \$6 | | Additional | |
| 22 | | 27 | | | | | 5. Certificate of Status Desired | | | equired | |
| City & Stat | te | | City & State | | | • | 6. Election Campaign Financing | \$ | 5.00 | May Be | |
| 23 | | 28 | | | | | Trust Fund Contribution |] / | dded | to Fees | |
| Zip | ├ ── ┐ ′ | | Zip Country | | <i>!</i> | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | | | | | |
| 24 | [25] 9. Name and Address of Curre | 29 nt Registe | ered Agent | [30] | | | Personal Property Tax due June 30. 10. Name and Address of New Register 10. Personal Property Tax due June 30. | Yes Agen | | J 100 | |
| Si | IAWN, LESLIE, D.O. | | J. J | | 81 | Name | 10. Hallo alla Addissa di Non Hagian | arao Main | | | |
| | 1 NORTH UNIVERSITY DRIVE | | | | | | | | | | |
| | MBROKE PINES FL 33024 | | | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | 83 | | | | | | |
| | | | | | 84 | City | | 85 | 7.0 | Code | |
| | | | | ĺ | | | | FLI | l ' | | |
| 11. Pursuant office or r agent. I a | to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblic | 02 and 60: e of Florida jations of, | 7.1508, Florida Statu a. Such change was Section 607.0505, F | utes, the at authorized Torida Stati | oove d by utes | e-named corp y the corporat s. | poration submits this statement for the purpo tion's board of directors. I hereby accept the | ose of chan e appointm | ging it ent as | s registered registered | |
| SIGNATURE | | | | | | | | | | | |
| 12. | Signature, typied or printed name of registered as OFFICERS AN | | | 13. | Age | ni signalure requir | red when reinstating) D ADDITIONS/CHANGES TO OFFICERS | ATE | CTO | C IN 10 | |
| TITLE | I DP | it isini Ci | T DELETE | 1.1 10 | 1E | | ADDITIONS/CHANGES TO OFFICERS | | hange | Addition | |
| NAME | SHAWN, LESLIE D O | | | 1.2 NA | | | | | | | |
| STREET ADDRESS | 261 NORTH UNIVERSITY DE | 1 | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | PEMBROKE PINES FL | | | 1.4 CH | TY-S | 17- ZIP | | | | | |
| TITLE | | | ☐ DELETE | 2.1 TIT | LE | | | □ c | hange | Addition | |
| NAME | | | | 2.2 NA | ME | | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | DELFTE | _ | _ | ST-ZIP | | | | | |
| TITLE NAME | | | בין טונניונ | 3.1 1(1 | | | | c | iange | Addition | |
| STREET ADDRESS | | | | 3.2 NA | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | | ST-ZIP | | | | | |
| TITLE | | | DELETE | 4.1 TiT | | | | ☐ C | nange | Addition | |
| NAME | | | | 4. 2 NA | ME | | | | | | |
| STREET ADDRESS | | | | 4.3 ST | REET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 4.4 C() | | T- ZIP | | | | | |
| TITLE | | | DELETE | 5.1 7(7 | | | · | | ange | ☐ Addition | |
| NAME | | | | 5.2 NA | | | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | | | DELETE | 5.4 CIT 6.1 TIT | | T-ZIP | | | | Addition | |
| NAME | | | □ DELETE | 6.1 III 6.2 NA | | | | | ыще | ☐ A00IIION | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 64 CIT | | | | | | | |

14. I 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: X

3.16-9.7(954) 987-8070

CR2E034 (10/97)