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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F69303 (8) 1. Corporation Name PRAWER & MITCHELL, M.D.'S, P.A.  Principal Place of Business  Mailing Address  COLOGS S. PRAWER										
4951 34TH STREET SOUTH 721 SUWANNEE CT NE ST. PETERSBURG FL 33711			721 SUW <i>i</i>	C/O JOEL S. PRAWER 721 SUWANNEE CT NE 8T. PETERSBURG FL 33702-2758						
IS			U\$				3. Date incorporated or Qualified 03/04/1982	3a. Date 04/30		eporl
2. Principal Place of Business  Suite Apt. # etc.			<u> </u>	28. Mailing Address 26 Suite, Apt. #, etc. 27			4. FEI Number		Applied For Not Applicable  \$8.75 Additional Fee Required	
							59-2166782	F		
							5. Certificate of Status Desired			
City & Str	ate		J, '	State			6. Election Campaign Financing	[-]	\$5.00	
3  Zip		Country	<b>28</b> Zip		Country		Trust Fund Contribution  8. This corporation has liability for	or intangible ta	Added t	
1		25	29		30		Florida Statutes	☐ Yes ☐	No	
		and Address of Cu	rrent Registered /	Agent	81	Name	10. Name and Address of New I	Registered Ag	ent	
	AWER, JOE 1 SI IWANNI				82		fress (P.O. Box Number is Not Accept	able)	<del></del>	
721 SUWANNEE CT NE ST. PETERSBURG FL 33702						Street Add	aress (r.O. Box Number is Not Accept	aole)		
					83					
					84	City		FL	<b>85</b> Zip (	Code
11. Pursuar office of agent. I	nt to the provis registered a am familiar w	sions of Sections 607. gent, or both, in the Si with, and accept the of	0502 and 607.150 tate of Florida. Suc oligations of, Secti	8, Florida Stat th change wa on 607,0505,	tutes, the above s authorized by Florida Statutes	named corpora the corpora	poration submits this statement for the ation's board of directors. I hereby acc	purpose of chept the appoin	nanging it ntment as	s registered registered
SIGNATURE	Square type	ं or printed hame of registera.		nble. (N	OTE: Registered Age		poration submits this statement for the stion's board of directors. I hereby accurated when reinstaling)  ADDITIONS/CHANGES TO OFF	DATE FICERS AND D	IRECTOR	IS IN 12
ignature 2.	Survivo type	o or printed have of registeria. OFFICERS	d agent and tine if applica	able (N	OTE: Registered Age	int signature requi	dred when reinstaling)	DATE FICERS AND D		IS IN 12
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Secretary of State