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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

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1. Corporation		121	(1)					
DR. DAVID C. SCHERER, P.A.								
On. D	MID OF CONCINCIA TA					DEFENDENCIA DE LA SELON ALCONOMICO.	11 1001 B1611 B1811 B1011 B	11811 B1811 B1811 1881
Principal Place of Business Mailing Address					I FRANKAR DINA MININ KRIBA HINA MA		#### #####	
P.O. BOX 2	3819	P.O. BOX	23819					
FT. LAUDERDALE FL 33307		FT. LAUD	FT. LAUDERDALE FL 33307					
						3. Date Incorporated or Qualified	3a. Date of Last F	Report
						03/03/1982	04/07/	
Principal Place of Business 2a. Mailing Address			dress			4. FEI Number	<u> </u>	Applied For
21 25					59-2168431 Not Applicable			
Suite, Apt. #, etc.		#, etc.	tc.		1 5. Centicate of Status Desired 1 1		5 Additional	
27							ree	Required
Oity & State		28	Orty & State		Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip	Country	Zip		ountry		8. This corporation has liability for in		
24	25	29	30	-		Florida Statutes Yes		, , , , , , , , , , , , , , , , , , , ,
	g. Name and Address of Curre	ent Registered Ager	ı			10. Name and Address of New Re	gistered Agent	
				81	Name			
	RER, DR. DAVID C.			82	Street Add	lress (P.O. Box Number is Not Acceptable)	
	E. COMMERCIAL BLVD.							
FI. LA	UDERDALE FL 33308			83				
				84	City		FL 85 Z	ip Code
11. Pursuant to	the provisions of Sections 607.056	02 and 607 1508. Flor	ida Statutes, the a	hove r	l named como	ration submits this statement for the purp		renistered office
or registere	d agent, or both, in the State of Fid , and accept the obligations of, Sc	rida. Such change wa	is authorized by th	e corp	oration's boa	and of directors. I hereby accept the appo	intment as registered	d agent. I am
SIGNATURE	i, and accept the obligations of, so	Cabit 607.0000, Florid	a Statutes.					
SIGNATURE	Signature, typed or printed name of registered ag-	ret and title if applicable	(NOTE: Registe	red Ager	nt signature require	ed when rainstating)	DATE	
12.		ND DIFIE CTORS	1:			ADDITIONS/CHANGES TO OFFIC		
TITLE	PD Scherer, David C Dr			1 TITLE		•	☐ Change	Addition
1740 E COMMEDCIAL DIAM		NAME						
CITY-ST-ZIP	ET LAUD EL 00000			ADDRESS				
TITLE	1.7		I CITY - S 1 TITLE	01 - ZIF		Change	Addition	
NAME			NAME				[
STREET ADDRESS			STREET	ADDRESS				
CITY-ST-ZIP			24	I CHTY - S	61 - ZIP			
TITLE			ELETE 3	1 TITLE			Change	Addition
NAME			3.2	NAME				
STREET ADDRESS			3.5	STREE	1 ADDRESS			
CITY-ST-ZIP		——————————————————————————————————————		CHY-S	T - ZIP			
TITLE		□ D		1 TITLE			Change	Addition
NAME STREET ADDRESS				NAME	ADDDECO			
CITY-ST-ZIP					ADDRESS			
TITLE	**************************************	Пр		I CITY-S 1 TITLE	11-Zir		[] Change	Addition .
NAME				NAME			onlingo	
STREET ADDRESS			1		ADDRESS			
CITY-ST-ZIP			5.4	CITY-S				
TITLE				1 TITLE			Change	Addition
NAME			6.2	NAME				
STREET ADDRESS			6.3	STREET	ADDRESS			
CITY-ST-ZIP	and it that the information a - "-	d with the office in		CITY-S			17/0/4) EL	
ia, ido nereby	r cerniy mai the information supplie:	a with this filling is volu	mariiy turnished ar	и аов	is not qualify:	for the exemption stated in Section 119.0	ル(3)(k), Fiorida Statu	utes. I further

radic hereby certify that the information supplies with this limit is voluntarily furnished and does not quality for the exemption stated in Section 119.07(a)(k), Florida Statutes, Further certify that the information indicated on this acroual report is supplemental annual report is true and accurate and that my signature shall have the same logal offoct as if made under eath, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR