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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997

Principal Place of Business	Mailing Address
950 GLADES RD	950 GLADES RD
BOCA RATON FL 33431	BOCA RATON FL 33431-6408

**FILED** Apr 29 1997 8:00am Secretary of State

ORRIN S	S. STERN M.D.,		Mailing Addre			·				
950 GLADES RD 950 GLADES BOCA RATON FL 33431 BOCA RATO			.ades RD Raton FL 33431-6408							
							3. Date Incorporated or Quali		Date of Last F 4/26/1996	Report
2. Principal P	lace of Business		2a. Mailing Ad	ddress			4. FEI Number			oplied For
21			26	4 -1-			59-2184961			ot Applicable
Suite, Apt	#, etc		Suite, Apt	. #, eic.			5. Certificate of Status Desire	d $\square$		Additional equired
City & State	9		City & Sta	te			Election Campaign Finance     Trust Fund Contribution	ing 🗀		May Be to Fees
Zφ	Count	ry	Zip	<del></del>	Coun	try	8. This corporation has liabilit			
24	25		29		30	<del></del>	Florida Statutes	☐ Yes	□ No	
ette	9. Name and Addr RN, ORRIN S MD	ess of Current	Hegistered Ager	)I		Name	10. Name and Address of Ne	W Hegisterei	a Agent	
	GLADES RD				<u> </u>	32 Street Ad	dress (P.O. Box Number is Not Acc	ontable)		
	CA RATON FL 3343	1			Ĺ		GIOSS (I.O. DOX INGINIDO IS INGINIC	opiano)	··· , ··· ·· · · · · · · · · · · · · ·	
					[*	13		1		
					Ţ	City		F	<b>85</b> Zip	Code
										ts registered
11. Pursuant	to the provisions of Se	ctions 607.0502	and 607.1508, Fi	orida Statu	ites, the ab	ove-named co	rporation submits this statement for	the purpose	or changing i	
11. Pursuant office or ragent La	to the provisions of Se egistered agent, or bo im familiar with, and ac	ctions 607.0502 th, in the State of copt the obligati	and 607,1508, Fi f Florida. Such ch ions of, Section 6	orida Statu nange was 07.0505, F	ites, the abo authorized lorida Statu	by the corpor tes.	rporation submits this statement for ation's board of directors. I hereby	the purpose accept the ap	opointment as	registered
11. Pursuant office or r agent I a SIGNATURE									opointment as	registered
	Signature ispect or photos nar		and title if applicable.				proporation submits this statement for ation's board of directors. I hereby suited when reinstating)  ADDITIONS/CHANGES TO	DAYE		
SIGNATURE	Signature ispect or profest name	ne of registered agent	and title if applicable.		TE: Registered	Agent signature rec	ulred when reinstating)	DAYE		
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am an officer or director of appears in Block 12 or Block attachment with an address.

SIGNATURE:

Orrin 8 Stern SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97 561-368-9455

Daytime Phone #

0312567