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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

	1997	DIVIS	ION OF COR	RPORATIO	NS	Scorcia	Ly U.	LOU	aic
	IMENT # G085 on Name rt S. Forman, P.A.	540 (8	3)						
I									
Principal Pla	ce of Business	Mailing Addres	<del></del> .				OFFILERON AND		
2101 W. COMMERCIAL BLVD. 2101 W. COMMERCIAL			ERCIAL BLVD.						
#4100 #4100 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 3330				9-3054					
US		U\$				3. Date Incorporated or Qualified 11/17/1982	3a. Date 05/0	of Last R	eport
·	Place of Business	2a. Mailing Add	ress			4. FEI Number	1 777	<del></del>	plied For
21		26				59-2287932		<del></del>	ot Applicable
Suite, Apt	t. #, etc.	Suite, Apt #	, etc.			5. Certificate of Status Desired			Additional equired
City & Sta 23	ale	City & State				B. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees
Zip	Country	Zip		Country		8. This corporation has liability for			199.032,
24	25	[29]	30	<u> </u>			Yes 🗆		
	9. Name and Address of C	urrent Hegistered Agent		81	Name	10. Name and Address of New Re	Bisteled wa	ent	
	ORMAN, ROBERT S			["]	140116				
	01 W. COMMERCIAL BLVD.			82	Street Add	dress (P.O. Box Number is Not Acceptat	le)		
	1100			83			······································		
rı	. LAUDERDALE FL 33309								
	•	*	1.00	84	City	and the first of the second second	FL	85 Zip	Code
11 Pursuan	t to the provisions of Sections 60	7 0502 and 607 1508. Flor	da Statutes	the shove	named co	rowation submits this statement for the		hanging i	e renistered
office or	registered agent, or both, in the	State of Florida, Such cha	nge was auth	orized by	the corpor	rporation submits this statement for the patient's board of pirectors. I hereby acce	ot the appoi	ntment as	registered
		obligations of, section 607	.0000, Tioria	a Sidioles	•				
SIGNATURE	Signature: typed or printed name of register	red agent and trie if applicable	(NOTE Re	ogistered Ager	nt signature regi	uired when reinstating)	DATE		
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTOR	S IN 12
THE	PD		ELETE	1.1 TITLE				Change	Addition
NAME	FORMAN, ROBERT			1.2 NAME	ſ				
STREET ADDRESS				1.3 STREET	ADDAESS				
CITY - \$1 - 74P	FORT LAUDERDALE FL 3	3309	ſ	1.4 CITY-ST	- ZIP				
THE			ELETE	2.1 TITLE				Change	Addition
NAME				2.2 NAME					
STREET ADDRESS	;			2.3 STREET	ADDRESS				
CITY-ST-ZIP				2. 4 CITY - S	T-ZIP				
HILE			ELETE	3.1 TITLE				Change	Addition
NAME				3.2 NAME					
STREET ADDRESS				33 STREET I	ADDRESS				
CITY - ST - ZIP				34 CITY-S	T-ZIP	- Salar - Sala		<b>-</b>	<del></del>
TITLE			ELETE	4.1 TITLE			L	Change	Addition Addition
NAME				4.2 NAME					
STREET ADDRESS	i			4.3 STREET	ADDRESS				
CHY-ST-ZIP				4.4 CITY-ST	- 219			<b>-</b>	
TIME		ا ا	ELETE	5.1 TITLE			L	] Change	☐ Addition
NAME				5.2 NAME					
STREET ADDRESS	i			53 STREET	address (				

64 CHTY-ST-ZIP CHTY-ST-ZIP 14. I do hereby certily that the information supplied with the hing 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 supply highlal 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 composition or high occiver 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 of an attachment with an address.

54 CITY-ST-ZIP

6.3 STREET ADDRESS

61 TITLE

6.2 NAME

CITY - ST - 7IP

STREET ADDRESS

THE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

DELETE

Change

Addition

**FILED** 

Apr 14 1997 8:00am