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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G61254 1. Corporation Name

FREDERICK S. SHARE, M.D., P.A.

111202111									
Principal Place	of Business	Mailing Address			•				
6 FREDERICK S. SHARE. M.D.		% FREDERICK S. SHARE, M.D.							
3341 SW 57TH PLACE		3341 SW 57TH PLACE FT. LAUDERDALE FL 33312		DO NOT WRITE IN THIS SPACE					
T. LAUDERDALÉ FL 33312		FI. LAUDENDALE FL 33312				3. Date Incorporated or Qualifed			
						.09/27/1983			
2 Principal Pl	lace of Business	2a. Mailing Addre	ess			4. FEI Number		Appl	lied For
1		26				59-2332316			Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	1 3	3.75 Ad	I .
2						3. Gormondo di Gialdo Domica		Fee Req	
City & State		City & State				6. Election Campaign Financing		5.00 ⋈	
3		28				Trust Fund Contribution		Added to	rees
Zip	Country	Zip		Country	/	8. This corporation owes the curre	nt year intangibi ∏ Y		⊐No I
4	25	29	30			Personal Property Tax. 10. Name and Address of New Re			
	9. Name and Address of Curren	t Registered Agent		81	Name	To. Hame and Address of Hamiltonia	<u> </u>		
CHA	RE, FREDERICK S M.D.								
	SW 57TH PLACE			82	Street Ad	dress (P.O. Box Number is Not Acceptat	ne)		
	LAUDERDALE FL 33312			83		\$ 10 mm 1	10.5312911		西部原
							Try Mad Tall te	Zip Co	\$1 \$.5. \dis
				84	1		FL 85	1	
11. Pursuant office or r agent. I a	to the provisions of Sections 60%, 000 egistered agent, or both, in the State im familiar with, and accept the states	2 and 607.1508, Floric of Florida. Such chang forts of, Section 607.0	da Statutes, t ge was autho 505, Florida	the aboverized by Statutes	re-named co the corpora s.	progration submits this statement for the patients board of directors. I hereby accept	the appointment	nt as regi	egistered istered
agent. I a SIGNATURE	Im familiar with, and accepying spliga	nt and title if applicable.	3005, Florida	istered Age		uired when reinstating)	3) ~ 2 8	· 	
agent. I a SIGNATURE	Im familiar with, and acceptive validation of the state o	nt and title if applicable.	(NOTE: Reg	istered Age		ulred when reinstating) ADDITIONS/CHANGES TO OFF	DATE	· 	
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SIGNATURE:

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Jan 27, 1999 8:00am

Secretary of State

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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 the anal accusate 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 enpowered 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 eddress with all other like empowered.