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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

Date

Daytime Phone #

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUM L Corporation	MENT # G6736	i5 (8)		
	PARL, M.D., P.A.	• •		
Principa! Plac€	of Business	Mailing Address		
4101 N.W. 4TH STREET		4101 N.W. 4TH STREET		
SUITE 104		SUITE 104 PLANTATION FL 33317-28	ou.	,
PLANTATION F	L 33317	CEMINIMA LE 20011-20	0 1	3. Date Incorporated or Qualified 3a. Date of Last Report
				11/01/1983 04/29/1996
2. Puncipal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		59-2425159 Not Applicat
Suite, Apt ∃ ⊒1	#, elc	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required
City & State	·	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Ζφ	Country	Ζφ	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	Florida Statutes Yes No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registered Agent
	ENDER, JOEL R., ESQ.		81 Name	
) E. LAS OLAS BLVD		82 Street Ad	dress (P.O. Box Number is Not Acceptable)
	TE 400		83	
Fi. I	LAUDERDALE FL 33301			
			84 City	FL 85 Zip Code
11. Pursuant l	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	tes, the above-named co	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
office or re agent. Lai	egistered agent, or both, in the Sta m familiar with, and accept the ob-	ite of Florida. Such change was idations of Section 607 0505. Fl	authorized by the corpor orida Statutes	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	The least three forms occupied to the	gations of cooper or loves in		
SIGNATURE	Signature, typed or printed name of registered		TE: Registered Agent signature req	
12.	OFFICERS /	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.11.6	PARL, EIKE L, MD	□ DETELE	1.1 TITLE 1.2 NAME	C diguide C vonit
NAME STREET ADORESS	4101 NW 4TH ST		1.3 STREET ADDRESS	
CHY-ST ZIP	PLANTATION FL		1.4 City - ST - ZiP	
TITLE		DELETE	2.1 TITLE	Change Addit
NAME.			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
Ci1Y-S1-7IP			2. 4 CiTY~\$T-ZiP	
THE		☐ DELETE	3.1 TITLE	Change Addit
NAME			3,2 NAME	•
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	3.4 CITY-ST-ZIP 4 1 TITLE	Change Addit
NAMÉ.		i Diliti	4 2 NAME	L Onango L Adole
STREET ADDRESS	li li		4.3 STREET ADDRESS	
CHY-S1-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addit
NAME	,		5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - \$1 - ZIP	allergeleing angegegegetet to and an inglikalande according to the contract of		5.4 CITY - ST - ZIP	·
TITLE		☐ DEFELE	6.1 TITLE	L_] Change L_] Addit
NAMÉ			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
14 Loo hore	by cortify that the information curry	lied with this films does not ave	6.4 CITY-ST-ZIP	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the
informatic Lam an o appears i	on indicated on this annual report of flicer or director of the corporation in Block 12 or Block 13 if changed	or supplemental annual report is or the receiver or trudee emporeur or an ar/attachnyen/with arf ac	true and accurate and the wered to execute this rep idress.	nat my signature shall have the same legal effect as if made under oath; bort as required by Chapter 607, Florida Statutes; and that my name