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FILED

Apr 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H02683

(1)

1. Corporation Name

SUSAN PULS, M.D., P.A.

Principal Place of Business

Mailing Address

2150 LAKE IDA ROAD, SUITE 5
DELRAY BEACH FL 33445

2150 LAKE IDA ROAD, SUITE 5
DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1984

4. FEI Number

59-2411591

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 956 ALLAMANDA DR

Suite, Apt. #, etc.

22 ~~500~~

City & State

23 Delray Beach, FL

Zip

24 33483

Country

25 USA

2a. Mailing Address

26 956 ALLAMANDA DR

Suite, Apt. #, etc.

27

City & State

28 Delray Beach, FL

Zip

29 33483

Country

30 USA

9. Name and Address of Current Registered Agent

PULS, SUSAN M.D.
2150 LAKEIDA RD., SUITE 5
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name

SUSAN PULS M.D.

82 Street Address (P.O. Box Number is Not Acceptable)

956 ALLAMANDA DR

83

84 City

Delray Beach, FL

85 Zip Code

33483

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Susan Puls

4/3/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PDT
PULS, SUSAN M.D.
2150 LAKE IDA RD #5
DELRAY BEACH FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S
MACMULLEN, NANCY
2150 LAKE IDA RD., #5
DELRAY BCH. FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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 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

Susan Puls

4/3/98

561-276-0048

CR2E034 (10/97)