SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1897. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT** 1997

Principal Place of Business



H11682

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(2)

DOCUMENT # ROBERT DAVID SCHICKLER, M.D., P.A.

Mailing Address

11021 SW 9 PCACE

FILED

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SECNEW W OF STATE TALLAHASSEE, FLORIDA



2452 N. UNIVERSITY DR. PEMBROKE PINES FL 33024		11021 SW 9 PLACE FT. LAUDERDALE FL 33324	1-1511	6	
U\$, ,	1 - 1 -		IN THIS SPACE
			y notice	3. Date Incorporated or Qualified 07/11/1984	3a. Date of Last Report 05/01/1996
2. Principal Place of Business		2a. Mailing Address	TOW NOV.	4. FEI Number	Applied For
21		26 R Schickl	er	59-2432283	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27 2542 Ja	uqin Dui	ve	PeriupeH ee-t
City & State		City & State 28 Wester	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	
24	25	29 33327-151630	് ക്രാഹ		
9, Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent 81 Name		
OFFICIAL PROME PROVE				Schickles	
	Z JARDOM DROVE LAUDERDALE FL 3332'	, odali	82 Street Address (P.O.		ole)
ГП	MUDERUALE FL 3332	′	/ asta Jardin Drive		
			<u> </u>		
			84 City	n. dom	FL 85 Zip Code
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	Signature, typed or printed name of	f registered agent and title if applicable (NOTE: R	legistered Agent signature		DA1E
12.	OF F	FICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	SCHICKLER, ROBER	" \text{.te.}	1.2 NAME	maria Tandi 1	
STREET ADDRESS	11021 SW 9 PLACE DAVIE FL	" update	1.3 STREET ADDRESS	8542 Turdin 1	
CITY-ST-ZIP	DAVIE PL		1.4 C(TY - ST - ZIP	westen FL 33	327-1516 ☐ Change ☐ Addition
TUTLE	ı	L) DELETE	2.1 TITLE	anne anne entre entre entre entre ette ette	
NAME			2.2 NAME	ے عربالی الراق -08/277	97
STREET ADDRESS			2.3 STREET ADDRESS	####16!	2791206 9701114012 5.00 ****165.00
CITY-ST-ZIP		DELETE	2.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME		partic	3.1 TITLE 3.2 NAME		L. Dildlige L. Adelaen
STREET ADDRESS			3.2 NAME. 3.3 STREET ADDRESS		
CITY-ST-ZIP		1	3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS		}	4,3 STREET ADDRESS		
CITY-ST-ZIP	!		4.4 Ci1Y - S1 - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE	4	↑ ☐ Change ☐ Addition
NAME			6.2 NAME		, ,
STREET ADDRESS	r I		6.3 STREET ADDRESS	~ ~	3-25
CITY-ST-ZIP			6.4 CITY - ST - ZIP		, ,

14. I do 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 actual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation of the region of truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charges, or on apartiactionent with an address.

ROBERT D. SCHICKLER, M.D., P.A.

GYNECOLOGY - INFERTILITY-OBSTETRICS 2452 NORTH UNIVERSITY DRIVE PEMBROKE PINES, FLORIDA 33024 (305) 435-3103

July 31, 1997

Florida Division of Corporations Annual Reports Section P.O. Box 1500 Tallahassee, Fl 32302-1500

To Whom It May Concern:

I received my first 1997 Profit Corporation Annual Report form on July 29,1997. Although titled as the second notice it was the first one I had received this year. Perhaps the address change forwarded to your office last year was not completely processed. Although the 1997 Profit Corporation Annual Report form reflects the address change for myself as the current registered agent the mailing address listed on the form is one that is two years old. I am noting my current mailing address on the Profit Corporation Annual Report form this year also.

I have enclosed the fee that I would have sent if I had received the 1997 Profit Corporation Annual Report form during the first notice period. I hope that you consider the extenuating circumstances surrounding the submission of my fee after June 27. If you have any questions please feel free to contact me at:

(954) 349-8379 or 2542 Jardin Drive, Weston Fl 33327-1516

Thank you for your assistance in this matter. It is much appreciated.

Robert D. Schickler