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

PROFIT CORPORATION ANNUAL REPORT

1997

Principa Parce of Buseness



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H79656

(5)

Mailing Address

VALCOURT FRAGE, M.D., P.A.

FILED Mar 20 1997 8:00am Secretary of State

126 N. Flagler Avenue Pompano Beach Fl 33060		126 N. FLAGLER AVENUE POMPANO BEACH FL 33080-6635						
					 Date Incorporated or Qualified 10/03/1985 	3a. Date of 11/01/1		port
2. Fit hospital Place of Business 2a, Mailing Address					4. FEI Number		App	lied For
21 26					59-2595913	Not Applicable		
Sadd Apt 22	# ote:	Suite Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		City & State	26		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Ζφ 24]	Cornetry [25]	Z _{II}) 29]	Country 30		8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes ☐ No			
	9, Name and Address of C	urrent Registered Agent		81 Name	10. Name and Address of New Reg	istered Agen	<u>t</u>	
	GE, M.D., VALCOURT			81 Name				
128 N. FLAGLER AVENUE POMPANO BEACH FL 33060				82 Street Add	ress (P.O. Box Number is Not Acceptable	e)		
				831				
				84 City	111111111111111111111111111111111111111	FL 85	Zip Co	ode
11. Pursuant	to the provisions of Sections 600	7 0502 and 607 1508, Florida Stati	utes, the a	bove-named con	poration submits this statement for the pi	· · · · · · · · · · · · · · · · · · ·	nging its	registerec
office or r	reastered agent, or both, in the l	State of Florida, Such change was obligations of Section 607,0505, F	ϵ authorize	ed by the corpora	tion's board of directors. Thereby accep	t the appointn	ient as re	ogistered
	and the transfer to the territory of the	annyata ta ta tasanan community i	to and our	(0.00)				
SIGNATURE	Separation to the projection college.	dia jestari liter dapplicable (NC	III. Registere	id Agent signature requ	irad when reinstating)	DATE		
12.	· · · · · · · · · · · · · · · · · · ·	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
11 1 f	PTS	DETETE	111	ITLF		اليا (Change	Addition
MW.	FRAGE, VALCOURT	_	1.2 N	IAME				
STREET ADDRESS.	1260 N.W. 78TH TERRACI	•	1.3 \$	THEET ADDRESS				
CHY-51-7P	PLANTATION FL 33322			ITY-ST-ZIP				
10.6		DELETE	211	,			Change	L Addition
MATA:			221					
Short Albertas			1	TREE1 ADDRESS				
_OHY \$1 ZH		E pourse		CITY - ST - ZIP				1 1 2 1 2 2
Fills		L_) DELETE	317			LJ	Change	Addition
NAMI			3.2 N	AME				
STREET ACTORESS			- 1	TREET ADDRESS				
LICTY 5 - ZIP		The section		CITY-ST-7IP			·	TT (40)
THE		[_] DELFTE	4.1 T			البا	Change	Addition
NAV-				NAME				
STREET ADDRESS.	I			TREET ADDRESS				
(0°Y \$1 Z5)		T no ex		:(1Y - ST - ZIP			Ohan-	
Milit		Delete	511			السا	Change	Addition
HKMi			52 N					
STREADOR(S)				STREET ADDRESS				
_Cilly+St_Zill		B POLICE		CITY - ST - ZIP				
THILF		DELETE	613	ITLE		LJ (Change	Addition
NAME			621	IAME				
STREET ADDRESS on			635	TREE ADDRESS				
Car St 7th			640	HTY-ST-ZIP				

14. do hereby critify that the information supplied with this bling does not qualify for the exemption stated in Section 119.07(3)(r). Florida Statutes. I further certify that the information indicared on this annual report or sopplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that have 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 Biock 12 or Block 13 d changed, or on an attachment with an address.

SIGNATURE:

MATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTO

3/17/57 954 786 069)