**PROFIT** CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jul 30 1998 8:00am Secretary of State

DOCUMENT # H82610 (7)					
ROBERT P. SCHIFFER, M.D., P.A.					
HODERT I GOTH LEN WIND I I'M				I DEBIRTA DADA DADA ADAR ANGEL MARK ESTE DA	TER BIBLI BIBLI BIBLI BIBLI BIBLI BIBLI 1981
<u> </u>					<u> </u>
Principal Place of Business		Mailing Address			\$11 B1911 B1B11 B1B11 B1B11 B1\$11 1831
10305NW 115TH AVE REDDICK FL 32686		10305 NW 115TH AVE REDDICK FL 32686			
US		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				11/01/1985	
F- 1		2a, Mailing Address		4. FEI Number	Applied For
21     2     2		Suite, Apt. #, etc.		59-2602907	Not Applicable \$8.75 Additional
2227		- n		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 9. Name and Address of Current	29 Basistered Agent	30]	Personal Property Tax due June 30.  10. Name and Address of New Register	Yes No
80H	IFFER, ROBERT P MD	Kefistered Warm	81 Name	To. Name and Address of New Register	en When!
1 1000E BBH 11ETU AVE				10.00 0	
REDDICK FL 32686			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
FL					
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. 1 am femiliar with, and accept the obligations of, section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and little if agencable (NOTE: Registered Agent signature require				guired when reinstaling) DATI	<u> </u>
12	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	DELETE	1.1 THILE		Change Addition
NAME	SCHIFFER, ROBERT P MD		1.2 NAME		
STREET ADDRESS	SEDDICK FI		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEUOICK PL	T OCLETE	1.4 CITY-ST-ZIP 2.1 TITLE		
NAME	•	L) DELETE	2.2 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		f.a.
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		——————————————————————————————————————
NAME		L_] DELETE	4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME		<del>_</del>	52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-2IP		

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 eath; that I am an officer or director of the corporation or the receiver of 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 any lidresy.