

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED
pg. 1 of 2

97 OCT -2 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J33399** (3)
1. Corporation Name
DAVID L. SUGERMAN, M.D., P.A.

Principal Place of Business 11013 BOSTON DRIVE 3700 WASHINGTON ST COOPER CITY FL 33026 US	Mailing Address 11013 BOSTON DRIVE 3700 WASHINGTON ST COOPER CITY FL 33026 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/16/1986		3a. Date of Last Report 04/15/1996	
4. FEI Number 59-2723650		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 11013 Boston Drive Suite, Apt. #, etc. 22 City & State 23 COOPER CITY, FL. Zip 24 33026	2a. Mailing Address 26 11013 Boston Drive Suite, Apt. #, etc. 27 City & State 28 COOPER CITY, FL. Zip 29 33026	Country 25 US	Country 30 US
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9. Name and Address of Current Registered Agent SUGERMAN, DAVID L., M.D. 11013 BOSTON DR. COOPER CITY FL 33026		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.002 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 *David L. Sugerman* (NOTE: Registered Agent signature required when reinstating) DATE **9/29/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUGERMAN, DAVID L., MD 11013 BOSTON DR. COOPER CITY FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700002313287--4 -10/06/97--01168--015 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>A. Alan</i> 10/2/97

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 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 custodian 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: *David L. Sugerman* DATE: **9/29/97** (6011131-1117)

CR2E034 (4/97)

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DAVID L. SUGERMAN, MD, PA.
11013 BOSTON DR.
COOPER CITY, FL 33026

Division of Corporation
Annual Reports Section
PO Box 6327
Tallahassee, FL 32314
September, 29, 1997
Attention:
Amy Allan

Dear Amy,

I just received a second notice for the 1997 Profit Corporation Annual Report. Unfortunately the address on the mailing is quite confusing. Also this is marked as the second notice. I assume that due to the address problem I never received the first one, and am now in receipt of the second. This one is also past due. As per your conversation today with my Office Manager, Dolly, I am sending in the filing fee of one hundred and sixty five dollars to reinstate the corporation. Can you please correct the computer to reflect the business and mailing address as follows:

David L. Sugerman, MD., P.A.
11013 Boston Drive
Cooper City, FL 33026

Amy I want to thank you for your help and consideration. If you review our prior records you can see that I have always paid the filing fees on or before the due date. I would have done so this time also except for post office problem.

Sincerely yours,

David L. Sugerman
David L. Sugerman, MD.