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Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J44234 (9)

1. Corporation Name:  
SUSAN GERLICK, M.S., P.A.



Principal Place of Business

3241 N.W. 96TH WAY  
SUNRISE FL 33351-7141

Mailing Address

3241 N.W. 96TH WAY  
SUNRISE FL 33351-7141

3. Date Incorporated or Qualified  
12/01/1986

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 1860 N. YING ISLAND RD.

2a. Mailing Address

26 7878 MANOR FOREST BLVD.

4. FEI Number  
59-2740700

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 101

27

City & State

23 PLANTATION, FL

City & State

28 BOYNTON BEACH, FL

Zip

24 33344

Country

25 USA

Zip

29 33462

Country

30 USA

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GERLICK, SUSAN  
3241 N.W. 96TH WAY  
SUNRISE FL 33321

10. Name and Address of New Registered Agent

81 Name SUSAN GERLICK  
82 Street Address (P.O. Box Number Is Not Acceptable)  
7878 MANOR FOREST BLVD.  
83  
84 City BOYNTON BEACH FL 85 Zip Code 33462

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 Gerlick*  
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	DELETE
PD	GERLICK, SUSAN	3241 N.W. 96TH WAY	SUNRISE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	SUSAN GERLICK	7878 MANOR FOREST BLVD.	BOYNTON BEACH, FL 33462	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Susan Gerlick*

Date

Daytime Phone #

954 370-5097

CR2E034 (9/96)