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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

101

1. Corporation Name FRANTZ BAZILE, M.D., SERVICE CORPORATION Principal Place of Business Mailing Address Mernard H. Bryant W 119TH ST. SUITE 205 MIAMI FL 33168-2336 MIAMI FL 33168-2336 MIAMI FL 33168-2336										
	<u> </u>					 Date Incorporated or Qualified 02/16/1990 		ate of Last Re 01/1996	eport	
2. Principal Pl	ace of Business	2a. Mailing Address 26				4. FEI Number 36-3330273			oplied For of Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	
City & State		City & State				6. Election Campaign Financing		Fee Re \$5.00	_ `	
Zip	Country	28] Zip	Country			Trust Fund Contribution 8. This corporation has liability for	inlangible	Added t		
24	25	29 30	<u> </u>]	Florida Statutes	Yes [_ No	100.007 ,	
BDV	 Name and Address of Curre ANT, BERNARD H. 	ent Hegisterea Agent	81	Name		10. Name and Address of New Re	gistered	Agent		
	NW 119TH ST		00			70 6 6 N N	1-)			
	E 205		82	Street	Adores	s (P.O. Box Number is Not Acceptal	ole)			
	MI FL 33161		83							
* 1			84	City			FL	85 Zip (Code	
11. Pursuant t	to the provisions of Sections 607 05	02 and 607,1508. Florida Statutos	the above	:-riamed	corpor	ation submits this statement for the		Chanoing it	s registered	
office or re	egistered agent, or both, in the Sta	te of Florida. Such change was auth	orized by	the corp	poration	ation submits this statement for the p i's board of directors. I hereby acce	pt the app	ointment as	registered	
SIGNATURE	in lanina with, and accept the obli	gallons of occupin dor. 0000, month	a Oldibloc	,						
SIGNATURE	Bignature, lyped or ponted name of registered a		gistered Age	int signature	required	when reinstating)	DATE			
12.	OFFICERS A	ND DIRECTORS	13.		·····	ADDITIONS/CHANGES TO OFFI	CERS AND			
TITLE	BAZILE, FRANTZ	☐ ĐELETE	1.1 \\					Change	Addition	
NAME STREET ADDRESS	6464 N MIAMI AVE		1.2 NAME 1.3 STREET	ADDRERS						
CITY-ST-ZIP	MIAMI FL		1.4 CITY - S							
TITLE		DELETE	2.1 TITLE	1.51				Change	Addition	
NAME		2.2		2.2 NAME						
STREET ADDRESS			23 STREET	ADDRESS	ĺ	•				
CITY-ST-ZIP			2 4 CHY-ST-ZiP							
TITLE		☐ DELETE	31 111LE					☐ Change	Addition	
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET	ADDRESS	}					
CITY-ST-ZIP	***************************************	Decem	3.4. CHY-5	31 - ZIP	 				1 1 1 1 1 1 1 1	
TITLE		[_] DELETE	4.1 TOLE					☐ Change	Addition	
NAME			4. 2 NAME	4555555						
STREET ADDRESS			4.3 STREET							
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-S 5.1 THLE	1 · ZIP	 			Change	Addition	
NAME			5.2 NAME							
STREET ADDRESS		1	53 STREET	ADDRESS						
CITY-ST-ZIP			54 CITY - S							
TITLE		☐ DELETI	6.1 TITLE]			Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET	ADDRESS						
CITY-ST-ZIP			6.4 CITY - S		<u> </u>					
14. I do hereb informatio I am an of appears in	by certify that the information suppling indicated on this annual report of the completion of the foundation of the foun	ied with this filing does not qualify for supplemental annual report is true or the receiver or trustee empowere or on an atlachment with an addres	ir the exe and accu d to exec s.	mption s trate and ute this r	stated in I that m report a	n Section 119.07(3)(i), Florida Statuto y signature shall have the same logo s required by Chapter 607, Florida S	es. I furthe al effect as Statutes; a	r certify that if made und nd that my n	the der oath; that name	

REQUIE D