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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L90612

(7)

LAWRENCE E. LURIA, M.D., P.A.

**FILED** Jan 28 1997 8:00am Secretary of State

11	ı	a	11	Н	1	111	ı	ı	ı	H	•		11	8	•	1	ı	ıı	á	ı	H	ı		H	n	•		1	n		ı	n	11	ı		11		al	ı	ŧ	ı	11	1	n	1	11	n	11	ı		H
H	ľ	Į	ı	III		I			ľ	ľ	I	ì	ı	ĺ	I	ŀ	ı	I	l	ı	I	ı	۱	Ī	li	I	ı			ı	l	ľ	Ш	l	I.	I	ı	I		ĺ	ı	I	I.	Į	ı	ı		I	I	I	
	l	ĺ			i	ı	ı	i	l	I		ı	ľ	I	į	ļ	ı	ı	İ	Ì	I	ı	l	l	IJ		ŀ	l	Ï	ŀ	ı		Į	l	l	I	ı	H		l	l	i	l	1	ı	ł	ı	l	ľ	ı	

					41811 B1811 B1811 B1811 B1811 B1811 B1811 B18
•	ce of Business	Mailing Address		1 186(181) 819 7911 9918 97(8) 17979 1797	hall Bible didt bigh Gibli bigh lags
11501 N.W. 18 PLANTATION		11501 N.W. 18TH STRE PLANTATION FL 33323-			
				3. Date Incorporated or Qualified 07/30/1990	3a. Date of Last Report 01/22/1996
2. Principal l	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0214719	Not Applicable
Suite, Apt 22		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ito	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Clary	8. This corporation has liability for i	
24	25 9. Name and Address of Curre	29	30	Florida Statutes  10. Name and Address of New Re	Yes No
		ur veðistelen Aðelir	81 Name	10. Name and Address of New As	hareten whalic
	RIA, LAWRENCE E. M.D.		(A) Marrie		
	501 NW 18TH STREET		82 Street Add	dress (P.O. Box Number is Not Acceptab	(e)
PL	ANTATION FL 33323				
			83		
			84 City		FL 85 Zip Code
11. Pursuant	t to the provisions of Sections 607 056 registered agent, or both, in the State	32 and 607.1508, Florida Sta • of Florida, Such change w	atutes, the above-named cor as authorized by the corpora	poration submits this statement for the pation's board of directors. I bereby accer	urpose of changing its registered
agent. I	am familiar with, and accept the oblig	ations of Section 607.0505	, Florida Statutes.	poration submits this statement for the pation's board of directors. I hereby accept	t the appointment as registered
SIGNATURE	Payres ce de	wa MAPI	<u>Q</u>		1/22/97
SIGNATURE	Signature Typed or princed name of registered ag	gent Brid title it applicable.	NOTE: Registered Agent signature requ	uired when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	11 THTLE		Change Addition
NAME	LURIA, LAWRENCE E. M.D.		1.2 NAME		
STREET ADDRESS	44504 MM 40TH OTDEET		1 3 STREET ADDRESS		
CITY SE-ZIP	PLANTATION FL		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME		<b>—</b>	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY ST-ZIP		DELETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE		ריין מנינונ	3.1 TITLE		Cisange C Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREFT ADDRESS		
CITY - ST - ZIP			3.4. CITY - \$T - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Additio
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST- <b>Z</b> IP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Additio
NAME			5.2 NAME		
STREET ADDRESS	:		5.3 STREET ADORESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TOLE		DELETE	6.1 TITLE		Change Additio
NAME		-	6.2 NAME		- -
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP	L and the inferred		6.4 CITY - ST - ZIP	nd in Contine 110.07/9\/i\ Elevide Statute	- 1 f. with an exercise of the state of

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 suppliemental 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 of 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 PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

0262287