

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90088 035 \*\*\*150.00

DOCUMENT # M32546

1. Corporation Name

MELVYN G. DRUCKER, M.D., P.A.

Principal Place of Business

C/O LUNDY & SHACTER, CPA  
150 N.W. 168TH STREET  
N. MIAMI BEACH FL 33169-6034  
US

Mailing Address

C/O LUNDY & SHACTER, CPA  
150 N.W. 168TH STREET  
N. MIAMI BEACH FL 33169-6034  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1986

4. FEI Number

59-2685368

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 C/O Lundy & Shacter, PA

Suite, Apt. #, etc.

22 9655 W. Broward Blvd

City & State

23 Plantation, FL

Zip Country

24 33324

25

2a. Mailing Address

26 C/O Lundy & Shacter PA

Suite, Apt. #, etc.

27 9655 W. Broward Blvd

City & State

28 Plantation, FL

Zip Country

29 33324

30

9. Name and Address of Current Registered Agent

DRUCKER, DR. MELVYN G.  
150 N.W. 168TH STREET  
2ND FLOOR  
N. MIAMI BEACH FL 33168

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 C/O LUNDY & SHACTER, PA

84 9655 W. Broward Blvd

City

Plantation

85 Zip Code

FL 33324

10. Name and Address of New Registered Agent

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

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 PD ☐ DELETE

NAME DRUCKER, MELVYN G.

STREET ADDRESS 150 NW 168TH ST

CITY-ST-ZIP N. MIAMI BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 9655 W. Broward Blvd

1.4 CITY-ST-ZIP Plantation, FL 33324

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)