

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 03, 1999 8:00 am  
Secretary of State

03-03-1999 90031 029 \*\*\*150.00

DOCUMENT # M32549

1. Corporation Name

ROBERT S. ENNIS, M.D., P.A.

Principal Place of Business

C/O LUNDY & SHACTER, P.A.  
150 NW 168TH STREET SUITE 300  
NORTH MIAMI BEACH FL 33169-6086  
US

Mailing Address

C/O LUNDY & SCHACTER, P.A.  
150 NW 168 ST., STE. 300  
NORTH MIAMI BEACH FL 33169-6086  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1986

4. FEI Number

59-2685305

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 C/O Lundy & Shacter, P.A.  
Suite, Apt. #, etc.

26 C/O Lundy & Shacter, P.A.  
Suite, Apt. #, etc.

22 9655 W. Broward Blvd  
City & State

27 9655 W. Broward Blvd  
City & State

23 Plantation, FL  
Zip Country

28 Plantation, FL  
Zip Country

24 33324 25  
29 33324 30

9. Name and Address of Current Registered Agent

ENNIS, ROBERT S., DR.  
20295 NE 29TH PL 3RD FL  
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name ENNIS, ROBERT S. DR.

82 Street Address (P.O. Box Number is Not Acceptable)  
3455 STALLION LANE

83

84 City WESTON FL

85 Zip Code 33331

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

ROBERT S. ENNIS

1-16-99

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  
NAME ENNIS, ROBERT S.  
STREET ADDRESS 20295 NE 29TH PL  
CITY-ST-ZIP AVENTURA FL 33180

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
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☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
3455 STALLION LANE  
WESTON FL 33331

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: (X) ROBERT S. ENNIS, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)