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Mailing Address

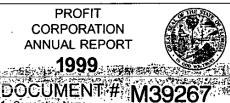
3909 N.E. 163 ST.

PROFIT CORPORATION ANNUAL REPORT

ROBERT M. SHERMAN, M.D., P.A.

1. Corporation Name

Principal Place of Business 3909 N.E. 163 ST.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS OF COMP

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90264 048 ***150.00



NORTH MIAMI BEACH FL 33160-4126 NORTH MIAMI BEACH FL 33160-4126 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/30/1986 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 59-27215<u>19</u> 21 Suite, Apt. #, etc. \$8.75 Additional Suite. Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing Added to Fees Trust Fund Contribution 28 Country Zip Country Zip 8. This corporation owes the current year Intangible ΠNο 30 ·Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name NORMAN LEOPOLD, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) % LEOPOLD & LEOPOLD, P.A. 20801 BISCAYNE BLVD., #501 NORTH MIAMI BEACH FL 33180 ---Zip Code 84 85 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 in an armiliar with, and accept the obligations of Section 607.0505, Florida Statutes SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. ☐ Change ☐ DELETE TITLE SHERMAN, ROBERT M., MD 1.2 NAME -NAME 3909 NE 163 ST. #102 STREET ADDRESS 1.3 STREET ADDRESS N. MIAMI BEACH FL 33160 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 4 1 TM F TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not chalify 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 or the receiver of mustee empoyaged to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13/ff changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

CR2E034 (11/98)

Addition

☐ Change