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FILED

Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M43043 (2)

1. Corporation Name

JAMIE R. MORHAIM, M.D., P.A.

Sim

Principal Place of Business

10139 NW 31ST ST
SUITE 101
CORAL SPRINGS FL 33065

New Address

Mailing Address

10139 NW 31ST ST
SUITE 101
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1986

4. FEI Number

59-2742486

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1725 University Drive

Suite, Apt. #, etc.

22 # 425

City & State

23 Coral Springs FL

Zip

24 33071

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 SAME

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MORHAIM, JAMIE R. M.D.
10139 NW 31ST ST
SUITE 101
CORAL SPRINGS FL 33065

1725 University
Drive Suite 425
Coral Springs FL 33071

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MORHAIM, JAMIE R. MD
STREET ADDRESS 10139 NW 31ST ST, #101
CITY-ST-ZIP CORAL SPRINGS FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS 1725 University Drive
14 CITY-ST-ZIP 425 CORAL SPRINGS FL 33071

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

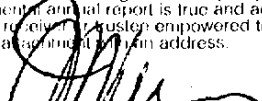
☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 registered agent authorized 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 attached change of address.

SIGNATURE:



1/5/98

1/5/98

954-753-3500

CP2E034 (10/97)