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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9200009115 (6)

S. CORNELIA FRANZ, M.D., INC.

Principal Place	<b>.</b>	Mailing Address C/O PAUL GOLDSTEIN	C/O PAUL GOLDSTEIN						
ORLANDO FL 32806		1414 KUHL AVENUE ORLANDO FL 32806-2008 US		3. Date Incorporated or Qualified 3a. Date of Last Report 12/02/1992 05/01/1996					
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number				
21		26				59-3151848	N	ot Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.	<u></u>			5. Certificate of Status Desired		Additional	
22		27	City & State					equired	
City & State	e e e e e e e e e e e e e e e e e e e	— <u> </u>	⊢ '			6. Election Campaign Financing  1 rust Fund Contribution		May Be	
Zip	Country		Zip Country					to Fees	
24	25 29 30		1	222,		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
PAUL GOLDSTEIN					Name				
1414 KUHL AVENUE				32	Stroot A	Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32806				_	Shoot F	radices (1.0. pox radinaci is rad neceptable)			
			[4	33			,		
				B4	City		85 Zip	Code	
					-	FL			
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 agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I heroby 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 register	rud agent and little if applicable (NOTE	Registered	Ager	nt signature (	required when reinstating) DATE			
12.	OFFICERS AND DIRECTORS 13					ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO:	RS IN 12	
TITLE	PD	☐ DELETE	1.1 THLE				Change	☐ Addition	
NAME	HILLENMEYER, JOHN		1.2 NAME						
STREET ADDRESS	1414 KUHL AVE.		1.3 STREE		ADDRESS				
CITY-ST-ZIP	ORLANDO FL	- Potent	1.4 CITY-5		- ZIP	· · · · · · · · · · · · · · · · · · ·		L A d Pro	
TITLE	D i	☐ DELETE	2.1 111(E		1		Change	Addition i	
NAME	JOHN BOZARD		2 2 NAME						
STREET ADDRESS	1414 KUHL AVE.		2.3 STREET ADDRESS		- 1				
CITY-ST-ZIP				2. 4 CITY-ST-ZIP 3.1 TITLE			Change	Addition	
NAME				3.2 NAME			C Officingo	L_J Addition	
STREET ADORESS	1414 KUHL AVENUE		3.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	COLANDO PI		•	3.4 CITY-ST-ZHP					
TITLE	TD	DELETE	4.1 \$11LE				Change	Addition	
NAME	PAUL GOLDSTEIN		4.2 NAME				•		
STREET ADDRESS	1414 KUHL AVENUE		43 51R	EET /	ADDRESS				
CITY-ST-ZIP	ANI ALIDA MI				r- Z)P				
TITLE		DELETE	5.1 TILE				Change	Addition	
NAME			5.2 NAME						
Street address			5.3 <b>\$</b> 1REF		ADDRESS				
CITY-ST-ZIP			5.4 CIT	5.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE				Change	Addilion	
NAME	6.		6.2 NAN	6.2 NAME					
STREET ADDRESS		] '		63 STREET ADDRESS				:	
CITY-ST-ZIP	certify that the information supplied with this filing does not qualify for the				[-7)P	440.02/01/2 51			
Informatio	on indicated on this annual repo-	rt or supplemental annual report is tr	rue and ac ered to ex	cou	rate and	tated in Section 119.07(3)(f), Florida Statutes. Fruriner that my signature shall have the same logal effect as eport as required by Chapter 607, Florida Statutes; ar	if made ur	ider oath: that	