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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

P92000011737 (3)

STEVEN D. GELBARD, M.D., P.A.

FILED Mar 05 1996 8:00 am Secretary of State

|--|

Principal Place	o' Business	Mailing Address			I (# BELOND LIG 1861) BELLE DELLE	1411 44 141 44 1 4 1		
8130 ROYAL PALM BLVD. #200 CORAL SPRINGS FL 33065		#200	8130 ROYAL PALM BLVD.					
		COHAL SPHINGS FL				3. Date Incorporated or Qualified 12/15/1992 3a. Date of Last Report 07/14/1995		
 Principa! Pla 	ce of Business	2a. Mailing Address 26			4. FEI Number 65-0374191			Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt #. etc.			5. Certificate of Status Desired		\$8.75	Additional Required
Oity & State		Crty & State			Election Campaign Financing Trust Fund Contribution		\$5.0	0 May Be d to Fees
Zip	Country 25	Zip 29	Country 30	у	8. This corporation has liability for it	ntangibie ta. □ No		
4	وروان فيعاد والمراب والمستنسطة والمراب المراب والمراب	of Current Registered Agent	-1301 L		10. Name and Address of New R		lgent	
• •	- 1871, 1972, W. Tarri (1971) - 1974, A. A.	and the second s	81	Name				
GELBA	RD, STEVEN D	30 N.W. 124 WA	82 Street Add		dress (P.O. Box Number is Not Acceptable)			
CORAL	. SPRINGS FL 83067 3	3071	83)	 			
			84	City		FL	85 Z	p Code
		ie of Florida. Such change was authorize s of, Section 607.0505, Florida Statutes.						
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SIGNATURE	Stynature typied or printed name of region		OTE Registered Age	ont signature required		DATE	DIRECTO	0RS IN 12
SIGNATURE	Stynature typied or printed name of region	Stance agent and title if applicable. NO DERS AND DIRECTORS DELETE			of whiten rendering) ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	DRS IN 12
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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 of 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 addings.

SIGNATURE:

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96 (954)346-0020