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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

CITY-ST-ZIP

DOCUMENT # P9300001160 (9)

MARC I. SCHLOSSER M.D. P.A.

MARC I. SUNLUSSER, M.U., P.A.			 	
Principal Place of Business	Mailing Address		{	121 50 711 56 151 1200 12010 01111 5811 1081
9980 CENTRAL PARK BLVD. NORTH	9990 CENTRAL PARK BLVD), North		
#208 BOCA RATON FL 33428	#206 BOCA RATON FL 33428-17/	ma		
BOOK MAION TE SONZO	DOOR HATOR IE DOTED-IN	•	3, Date Incorporated or Qualified	3a. Date of Last Report
			01/07/1993	04/01/1996
2. Principal Place of Business	2a. Mailing Address	^ ^	4. FEI Number	Applied For
11 9970 CENTRAL PARK BLUD	·	il Paper Buid N	65-0380930	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	27 403 City & State		& Flation Compaign Financian	
23 BOCA RATON, FL	28 BOCA ZATON	. FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zin I Country	Zip	Country	8. This corporation has liability for	
24 33428 25		30		X Yes No
g. Name and Address of Curr	ent Registered Agent		10. Name and Address of New R	egistered Agent
SCHLOSSER, MARC I	~ ₁ :	81 Name		}
9980 CENTRAL PARK BLVD. NOR'	111	82 Street Addr	ress (P.O. Box Number is Not Accepta	ble)
#206 BOCA RATON FL 33428		83	CENTRAL PARK BUYE	<u>, p</u>
BUCK NATUR PL 33420		T + # (f03	
		84 City	A RATION	FL 85 Zip Code 33484
11, Pursuant to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the above named core	poration submits this statement for the	purpose of changing its registered
office or registered agont, or both, in the Sta agent. I am familiar with, and accept the obl	ale of Horida. Such change was a ligations of, Section 607,0505, Flor	uthorized by the corporat rida Statutes.	tion's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE	,			1
Signature, typed or printed name of registered a		Registered Agent signature requi		DATE
	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
NAME SCHLOSSER, MARC I		1.1 THEF 1.2 NAME		Change Addition
STREET ADDRESS 9980 CENTRAL PARK BLVD.	#206		70 CENTRAL PARK BLU	N N HUOZ
CITY-ST-ZIP BOCA RATON FL 33428	,, ,, ,, ,,	14 CITY, ST. 7IP 3	70 CENTRAL PARK BLU CCA RATON, FL 33	347.8
TITLE	DELETE	21 DILE	Ca Calory, TE 2.	☐ Change ☐ Addition
NAME		2.2 NAME		Ĭ
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY - ST - ZIP		
TITLE	☐ DELETE	3 1 TITLE		Change Addition
NAME		3.2 NAME		Į
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-S1-ZIP		
TITLE	☐ DETEIE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4.4 C(TY - ST - Z(P		Change Addition
TITLE		5.1 TITLE		C Change C Addition
NAME etoccy annocce		5.2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	5.4 CHY-ST-ZIP 6.1 THEE		Change Addition
NAME		6.2 NAME		
CORPET ADDRESS		C a CIDICI ADDOLGO		ļ

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statules, 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 eath; 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 Statules; and that my name appears in Block 12 or Block 13 if phanged, or on an attachment with an address.