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APPROVED AND FILED *fg 1992*

1997 MAY -8 PM 3: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Gandy & Morikane
Secretary of State
DIVISION OF CORPORATION

1997

DOCUMENT # P 93000011621

Roy C. Schwartz MD PA

Principal Place of Business Mailing Address
3801 N. UNIVERSITY Dr. SUITE 506
SUNRISE, FLA. 33351 SAME

8. Date Incorporated or Qualified 02/04/93
9. Date of Last Report NONE Since 1993

21. Principal Place of Business 22. Mailing Address
23. City & State 24. Zip Country
25. City & State 26. Zip Country

10. Filing Number 65-0384546
11. Certificate of Status Desired \$0.75 Additional Fee Required
12. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
13. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

14. Name and Address of Current Registered Agent
Sioney Gusey
6635 W. Commercial Bldg #214
TAMPA, FLA. 33319

15. Name and Address of New Registered Agent
16. Name 17. Street Address (P.O. Box Number is Not Acceptable)
18. City 19. 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 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 607.0508, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
1.5 TITLE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY - ST - ZIP
1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY - ST - ZIP
1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY - ST - ZIP
1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
2.5 TITLE 2.6 NAME 2.7 STREET ADDRESS 2.8 CITY - ST - ZIP
2.9 TITLE 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY - ST - ZIP
2.13 TITLE 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information included 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 receiver or trustee appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name

Roy C. Schwartz 4/29/97 954-7410500

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ROY C. SCHWARTZ, M.D.
INTERNAL MEDICINE
SPRINGTREE COUNTRY CLUB PLAZA
3801 N. UNIVERSITY DRIVE
SUITE 506
SUNRISE, FLORIDA 33351
TELEPHONE (305) 741-0500
FAX (305) 741-9001

April 29, 1997

To whom it may concern:

As per our phone conversation, I am enclosing \$765.00 which represents 1994, 95, 96, \$200.00 each year and \$165.00 for the current 1997 year. My Document # is 93000011621

Thank you,



Roy C. Schwartz M.D.