

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90007 022 ***150.00

DOCUMENT # **P93000016295** ✓

1. Corporation Name

R. SCHWIMMER & S. BERLINER, M.D., P.A.



Principal Place of Business

951 N.W. 13TH ST.
SUITE 5E
BOCA RATON FL 33486

Mailing Address

951 N.W. 13TH ST.
SUITE 5E
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1993

4. FEI Number

65-0389599

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWIMMER, ROBERT D
951 N.W. 13TH ST.
SUITE 5E
BOCA RATON FL 33486

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SCHWIMMER, ROBERT D**
STREET ADDRESS **951 N.W. 13TH ST., SUITE 5E**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **D** ☐ DELETE
NAME **BERLINER, STEVEN W.**
STREET ADDRESS **951 NW 13TH ST, SUITE 5E**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/99 **561-391-1552**

Date Daytime Phone #

CR2E034 (5/99)

ROBERT D. SCHWIMMER, M.D., F.A.C.S.
DIPLOMATE, AMERICAN BOARD OF UROLOGY

P93000016295
588738-90007
STEVEN W. BERLINER, M.D.
UROLOGY AND UROLOGIC SURGERY 22

R. SCHWIMMER & S. BERLINER, M.D., P.A.
ASSOCIATES IN UROLOGY

951 N.W. 13th Street
Suite 5E
Boca Raton, Florida 33486
(407) 391-1552

5258 Linton Boulevard
Suite 203
Delray Beach, Florida 33484
(407) 498-2000

JULY 7, 1999

Florida Dept. of State
Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

RE: Document # P 93000016295
Tax I.D. # 65-0389599

To Whom It May Concern:

As per telephone conversation with Cynthia, we are remitting our annual report fee of \$150.00. The enclosed report is marked 2nd notice when it is the first notice received by our office.

Sincerely,



Cathy Nixon, Office Manager
R. Schwimmer & S. Berliner, M.D., P.A.