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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P93000044293**

MARSHALL M. STONE, M.D., P.A.

Principal Place of Business Mailing Address 7301 W PALMETTO PARK RD 7301 W PALMETTO PARK RD SUITE 201 B SUITE 201 B **BOCA RATON FL 33433 BOCA RATON FL 33433-3456** 3a. Date of Last Report 3. Date Incorporated or Qualified 06/23/1993 07/03/1996 2, Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-041886 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zic Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 24 25 29 30 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name NUSSBAUM, HOWARD J 7880 N UNIVERSITY DR Street Address (P.O. Box Number is Not Acceptable) SUITE 300 83 TAMARAC FL 33321 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 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **PVST** DELETE 11 TITLE Change Addition TITLE STONE, MARSHALL M 12 NAME NAME 7301 W PALMETTO PARK RD SUITE 201 B STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition Change 2.1 TITLE TITLE STONE, MARSHALL M NAME 2.2 NAME 7301 W PALMETTO PARK RD SUITE 201 B 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** 2. 4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHTY - ST - ZIF DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STRELT ADDRESS 4.4 CITY - ST - ZIP CHTY - ST - ZIP DELETE Change \_\_\_ Addition TILLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY-ST-ZIP CHTY-ST-7IP DELETE Change Addition 6 1 TITLE THILE

62 NAME

**63 STREET ADDRESS** 

6.4 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)(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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

I am an officer or director of the corporation or the receiver appears in Block 12 or Block 13 if changed, or on an attack.

NAME

STREET ADDRESS

DITY-ST-ZiP

SIGNATURE AND TYPED OR PRINTED NAME O

Date

Daylime Phone #

(96/6) (96/6)

**FILED** 

Apr 15 1997 8:00am

Secretary of State