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

**PROFIT** CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000044293 (7)

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

Principal Place of Business Mailing Address					<u> </u>	AIN BANN BIBN BIBNE N	DEO 1060 E 1864 80 EL
SUITE 201 B S		SUITE 201 B	7301 W PALMETTO PARK RD SUITE 201 B BOCA RATON FL 33433		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
					06/23/1993		
	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u> -	Applied For
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			65-0418861	\$R	Not Applicable
22 27		<del>-</del>			5. Certificate of Status Desired	1 1 7 - 1	ee Required
City & State City & State		<del></del>		6. Election Campaign Financing	\$5	.00 May Be	
23	28				Trust Fund Contribution		ded to Fees
Zip	Country Zip		Country	<b>5.</b> 1.1.5 557 per all 51.			
24	25	29	30		Personal Property Tax due Jun		No No
	9, Name and Address of Curre	nt Registered Agent	B1 Na	ame	10. Name and Address of New R	egistered Agent	
NUSSBAUM, HOWARD J			<b>B</b> 1 148	ame			
7880 N UNIVERSITY DR			<b>82</b> St	reet Address	s (P.O. Box Number is Not Accepta	.ble)	
SUITE 300 TAMARAC FL 33321			83				
IA	MARAC PL 33321						7.0.4
			<b>84</b> Ci	ity		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.							jing its registered nt as registered
SIGNATURE							
40	Signature, typed or printed name of registered ag	ent and titic if applicable (No ID DIRECTORS	O1F: Registered Agent sig	gnature required v	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	CTORS IN 12
12. TITLE	PVST	DELETE	1.1 TITLE		ADDITIONO/OFFANGEO TO OFF	☐ Ch	
NAME	STONE, MARSHALL M	_	1.2 NAME				
STREET ADDRESS 7301 W PALMETTO PARK RD SUITE 201 B		1.3 STREET ADDE	RESS				
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY- ST - ZIP	,			
TITLE	D	☐ DELETE	2.1 TITLE			☐ Ch	ange 🔲 Addition
NAME	STONE, MARSHALL M		2.2 NAME				1
STREET ADDRESS 7301 W PALMETTO PARK RD SUITE 201 B		2.3 STREET ADDE	RESS				
CITY - \$T - ZIP	BOCA RATON FL 33433	DELETE	2. 4 CITY - ST - ZII	P		Ch	ange   Addition
TITLE		C DECEIE	3.1 TITLE				arge L vocition
NAME OTDEET ADDRESS			3.2 NAME 3.3 STREET ADDR	DECC			
STREET ADDRESS			3.4. CITY-ST-7				
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE			Ch	ange Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDI	HESS			
CITY-ST-ZIP			4.4 CITY- \$1-21F				
TITLE		DELETE	5.1 TITLE			□ Ch	ange 🔲 Addition
NAME			5.2 NAME	-			
STREET ADDRESS			5.3 STREET ADDI	RESS			
CITY-ST-ZIP		Driese	5.4 CITY - S1 - ZIP	2			ange Addition
TITLE		☐ DFLETE	6.1 TITLE			LJ Ch	ands TI Wooman
NAME			6.2 NAME	proc			
STREET ADDRESS	I		6.3 STREET ADDI	HESS			

14. 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 trusted engowered 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 appear with fundations.

**FILED** 

Feb 06 1998 8:00am

Secretary of State