

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 10: 03

DOCUMENT # P94000003751 (2)

1. Corporation Name

EDWARD W. SCHWARTZ, M.D., P.A.

Principal Place of Business

Mailing Address

7301 N UNIVERSITY DR
TAMARAC FL 33321

7301 N UNIVERSITY DR
TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/14/1994
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. # etc.

4. FEI Number

Applied For
Not Applicable

650461359

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUPFER, PAUL H
1700 UNIVERSITY DR
SUITE 110
CORAL SPRINGS FL 33071

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|----------------------------|
| 111 NAME | D SCHWARTZ, EDWARD W MD |
| 112 STREET ADDRESS | 7301 N UNIVERSITY DR |
| 113 CITY, ST, ZIP | TAMARAC FL 33321 |
| 121 NAME | |
| 122 STREET ADDRESS | |
| 123 CITY, ST, ZIP | |
| 131 NAME | |
| 132 STREET ADDRESS | |
| 133 CITY, ST, ZIP | |
| 141 NAME | |
| 142 STREET ADDRESS | |
| 143 CITY, ST, ZIP | |
| 151 NAME | |
| 152 STREET ADDRESS | |
| 153 CITY, ST, ZIP | |

| | |
|---------------------|---|
| 111 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 112 NAME | |
| 113 STREET ADDRESS | |
| 114 CITY - ST - ZIP | |
| 211 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 212 NAME | |
| 213 STREET ADDRESS | |
| 214 CITY - ST - ZIP | |
| 311 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 312 NAME | |
| 313 STREET ADDRESS | |
| 314 CITY - ST - ZIP | |
| 411 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 412 NAME | |
| 413 STREET ADDRESS | |
| 414 CITY - ST - ZIP | |
| 511 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 512 NAME | |
| 513 STREET ADDRESS | |
| 514 CITY - ST - ZIP | |
| 611 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 612 NAME | |
| 613 STREET ADDRESS | |
| 614 CITY - ST - ZIP | |

14. I, the undersigned, certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Sections 199.03(4), 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. 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 my address.

SIGNATURE:

Edward Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/95 305 722 9227