

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000013807

1. Entity Name
D.G.M. MEDICAL SERVICES, INC.



Principal Place of Business

%ASSOCIATES IN INTERNAL MEDICINE
2500 E HALLANDALE BEACH BLVD 3RD FLOOR
HALLANDALE, FL 33309

Mailing Address

%ASSOCIATES IN INTERNAL MEDICINE
2500 E HALLANDALE BEACH BLVD 3RD FLOOR
HALLANDALE, FL 33309



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0471741

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHERER, HENRY
2500 E HALLANDALE BEACH BLVD
STE 300
HALLANDALE, FL 33009

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000583270
01/11/07-20055-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHERER, HENRY
STREET ADDRESS	2500 E HALLANDALE BEACH BLVD
CITY-ST-ZIP	HALLANDALE, FL 33309
TITLE	D
NAME	SHULL, STEWART
STREET ADDRESS	2500 E HALLANDALE BEACH BLVD
CITY-ST-ZIP	HALLANDALE, FL
TITLE	D
NAME	PALGON, NORMAN
STREET ADDRESS	2500 E HALLANDALE BEACH BLVD
CITY-ST-ZIP	HALLANDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY SCHERER

1/10/07

Date

954 458 7766

Daytime Phone #