

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000000634 (2)

1. Corporation Name

JAMES A. FLEISCHMAN, M.D., P.A.

Principal Place of Business

1441 E OCEAN BLVD
STUART FL 34996

Mailing Address

1441 E OCEAN BLVD
STUART FL 34996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

138 CONNOR DRIVE

27

Suite, Apt. #, etc.

28

JUPITER, FL

29

33477

30

USA

9. Name and Address of Current Registered Agent

FORBES, PHILIP H
222 US HWY ONE
SUITE 202
TEQUESTA FL 33469

3. Date Incorporated or Qualified

01/01/1995

3a. Date of Last Report

07/05/1996

4. FEI Number

65-0555254

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FLEISCHMAN, JAMES A
1441 E OCEAN BLVD
STUART FL 34996

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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-08/08/97-01106--020
*****165.00 *****165.00

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 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.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (4/97)

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DIVISION OF CORPORATIONS
ANNUAL REPORTS - SECTION
TALLAHASSEE, FL

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT THE
MAILING ADDRESS FOR THE CORPORATION REPORT,
FIRST NOTICE, WAS INCORRECT, AND I NEVER
RECEIVED THAT FIRST REQUEST. I HAVE
CORRECTED MY CORPORATE MAILING ADDRESS AS
REQUESTED.

I HAVE ENCLOSED A CHECK FOR
\$165⁰⁰ AS THE NORMAL REPORTING FEE.

THANK YOU FOR YOUR ATTENTION TO
THIS MATTER.

SINCERELY,

James A. Fleischman

JAMES A. FLEISCHMAN