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

CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000070408 (6)

RICHARD M. FOLTZ, M.D. P.A.

Principal Place of Business Mailing Address 1314 S.E. 2ND AVENUE 1314 S.E. 2ND AVENUE FORT LAUDERDALE FL 33316-1810 FORT LAUDERDALE FL 33316 3. Date Incorporated or Qualified 3a. Date of Last Report 09/12/1995 04/22/1996 2. Principal Place of Business 26. Mailing Address 4. FEI Number APPLIED FOR 26 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 Trust Fund Contribution 23 28 Added to Fees Country Zip Country Ζıp This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name FOLTZ, RICHARD M M.D. 1314 S.E. 2ND AVENUE Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33316 83

**FILED** Jan 29 1997 8:00am Secretary of State



Applied For

Zip Code

6655

Not Applicable

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: type-for printed name of regulated agent and tillerit applicable. (NOTE Registered Agent a goature required when reinstating)  DATE  DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE	1.1 TITLE	Change Addition
NAME	FOLTZ, RICHARD M M.D.	1.2 NAME	we want will follow
STREET ADDRESS	1314 S.E. 2ND AVENUE	1.3 STREET ADDRESS	2817 NORTH EHST 247H GOLIGI
CITY+S1-ZIP	FORT LAUDERDALE FL 33316	1.4 CITY - ST - ZIP	2817 NOCH EAST 24TH COURT FORT LANDERDALL, FI 33305
TITLE	DELETE	2 1 TITLE	Change Addition
NAME		22 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
City-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CHY-ST-ZIP		3.4. City-ST-ZiP	
TITLE	DELETE	4.1 TIFLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - S1 - ZIP		4.4 CITY - ST - ZIP	<u> </u>
TITLE	DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-SI-7IP		5.4 CITY - ST - ZIP	
TITLE	DELETE	6 1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	:
CITY - ST - ZIF		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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name			

NUS

City