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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000001146 (5)

HERBERT K. SELTMAN, O.D., P.A.

Principal Place of Business

Mailing Address

## FILED Feb 02 1998 8:00am Secretary of State



542 N.E. 82ND STREET 542 N.E. 82ND STREET MIAMI FL 33138 MIAMI FL 33138 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/04/1996 2. Principal Place of Business Applied For 2a. Mailing Address 4. FEI Number Not Applicable 21 65-063 1048 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 Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes ☐ No 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 WEINER, MARVIN! 2121 PONCE DE LEON BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 900 83 **CORAL GABLES FL 33134** City 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, typod or printed name of registered agent and take if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE Change \_\_\_ Addition TITLE 11 TITLE SELTEMAN, HERBERT K NAME 1.2 NAME 542 N.E. 82ND STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33138** CITY - ST - ZIP 1.4 CITY - ST- ZIP DELETE Addition Change TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2 3 STREFT ADDRESS CITY-ST-ZIP 2.4 CITY-S1-ZIP DELETE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 THLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 observation or the religious 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.