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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000015602 (1)

DR. TODD STEVEN SCHWARTZ PA

FILED Jan 20 1998 8:00am Secretary of State

| | ODD CILVER CORRES | 12, 1 יתי | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Principal Pla | ice of Business | Mailing Address | | | 1881 81118 8111F 841F8 118F 188F |
| 2107 NW 62 | ND DRIVE | 2107 NW 62ND DRI | VE | | |
| BOCA RATO | | BOCA RATON FL | ·- | | |
| | | | | DO NOT WRITE IN THIS | S SPACE |
| | | | | 3. Date incorporated or Qualified 02/20/1996 | |
| 2. Principal | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0655053 | Not Applicable |
| Suite, Apt | t. #, otc. | Suite, Apt. #, etc |). | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | 5, Certificate of Status Desired | Fee Required |
| City & Sta | ato | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | 0 | 28 | | Trust Fund Contribution | Added to Fees |
| Zφ ス なし | 19L Country | - ^{Ζιρ} | Country | 8. This corporation owes or has paid the cu | |
| 24 | 25 9. Name and Address of C | 29 | 30 | | ☐ Yes ☐ No |
| +/ | | Jurent negistered Agent | 81 Namo | 10. Name and Address of New Registered | Agent |
| | OMPKINS, RANDI S | | Ivame | • | |
| | 255 GLADES ROAD | | B2 Street | Address (P.O. Box Number is Not Acceptable) | |
| | UITE 300 E | | 83 | | |
| В | OCA RATON FL | | 63 | | |
| | | | 84 City | 7/3 -1 46 | 85 Zip Code |
| | | | | FI | L |
| office or | t to the provisions of Sections 60 registered agent or both, at the | 77.0502 and 607.1508, Florida S State of Florida Such change i | Statutes, the above-named was authorized by the cor | d corporation submits this statement for the purpose operation's board of directors. I hereby accept the ap | of changing its registered |
| agent. i a | am familiar with, and accout the | obligations of, Section 607.050 | 5, Florida Statutes. | provides a board of directors. Thoraby descript the ap- | mountaine as registered |
| SIGNATURE | | at the enough | 12 | | |
| 12. | Stgnature, typed or profes name of register | ind agost and title if applicable RS AND DIRECTORS | INOTE Registered Agent signature | | |
| TITLE | T n | DELETE | 13. | ADDITIONS/CHANGES TO OFFICERS AN | |
| NAME | SCHWARTZ, TODD S | L Deleti | | | Change Addition |
| STREET ADDRESS | ALAT ARM ASSED ADDE | | 1.2 NAME | | |
| | BOCA RATON FL 4 | 23491 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP TiTLE | DOON (MIDITIE | DELETE | 1.4 CHY-S1-ZIP | | |
| NAME | 1 | La betta | | | Ohanan datables |
| STREET ADDRESS | | | 2.2 NAME | 1 | Change Addition |
| | | | | | Change Addition |
| CITY-ST-ZIP TITLE | | | 2.3 STREET ADDRESS | | Change Addition |
| | | DELETE | 2. 4 CITY - S1 - ZIP | | |
| NAME | | DELETE | 2.4 CITY- \$1- ZIP 3.1 TITLE | | Change Addition |
| CIBELL ADDRESS | | OELETE | 2.4 CITY+S1-ZIP 3.1 TITLE 3.2 NAME | | |
| STREET ADDRESS | | ŌELETE | 2.4 CHY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2. 4 CHY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 SHREE ADDRESS 3.4. CHY-S1-ZIP | | Change Addition |
| CITY-ST-ZIP | | ☐ DELETE | 2. 4 CHY- S1- ZIP 3.1 THTE 3.2 NAME 3.3 SHRET ADDRESS 3.4. CHY-S1- ZIP 4.1 THLE | | |
| CHY-ST-ZIP THILE NAME | | | 2. 4 CHY- S1- ZIP 3.1 TITLE 3.2 NAME 3.3 SHRET ADDRESS 3.4 CHY-S1- ZIP 4.1 TITLE 4.2 NAME | | Change Addition |
| CITY-ST-ZIP THILE NAME STREET ADDRESS | | | 2. 4 CHY- SI- ZIP 3.1 THTE 3.2 NAME 3.3 SHIFET ADDRESS 3.4. CHY- SI- ZIP 4.1 THLE 4.2 NAME 4.3 STREET ADDRESS | | Change Addition |
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14. I 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 eath; 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 our an attackment with an address.