

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.)

APPROVED
AND
FILED

10/2

97 AUG 13 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P96000034315 (7)

1. Corporation Name

MASCARENHAS, SCHWARTZ & STATHIS, M.D., P.A.

Principal Place of Business

8395 W OAKLAND PARK BLVD
SUNRISE FL 33351

Mailing Address

8395 W OAKLAND PARK BLVD
SUNRISE FL 33351

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 SUITE A

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 SUITE A

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

04/19/1996

3a. Date of Last Report

4. FEI Number

65-0659955

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$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

9. Name and Address of Current Registered Agent

ROSENBERG, ARTHUR R
4875 N FEDERAL HWY 7TH FLOOR
FT LAUDERDALE FL 33308

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 PD
NAME MASCARENHAS, EUGENE L
STREET ADDRESS 8395 W OAKLAND PARK BLVD
CITY-ST-ZIP SUNRISE FL 33351

TITLE VD
NAME SCHWARTZ, ALAN M
STREET ADDRESS 8395 W OAKLAND PARK BLVD
CITY-ST-ZIP SUNRISE FL 33351

TITLE STD
NAME STATHIS, JOHN P
STREET ADDRESS 8395 W OAKLAND PARK BLVD
CITY-ST-ZIP SUNRISE FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
431
08/18/97--01011--004
***165.00 ***165.00

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
300002270663--1
-08/19/97--01011--004
***165.00 ***165.00

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
\$178/15

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.

SIGNATURE

CR2E034 (4/97)

20f2

MASCARENHAS, SCHWARTZ & STATHIS, M.D., P.A.
8395 WEST OAKLAND PARK BLVD. SUITE A
SUNRISE, FLORIDA 33351
954-741-3335

July 22, 1997

DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302

RE: P96000034315 (7)

DEAR SIRs,

ON JULY 17, 1997 I RECEIVED AN ANNUAL REPORT PACKAGE STAMPED 2ND NOTICE,
THIS WAS THE FIRST PACKAGE OF THIS KIND TO REACH ME.

THE ONLY DIFFERENCE IN MY ADDRESS WOULD BE THE SUITE NUMBER OF "A" AND
THE POSTMAN USUALLY DELIVERS MAIL HERE EVEN UNDER JUST THE DOCTORS
NAME. I HAVE MADE THE CHANGE ON THE FORM AS REQUESTED.

PLEASE FIND ENCLOSED A CHECK FOR THE AMOUNT OF \$165.00 FOR THE RENEWAL
OR FILING FEE.

IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CONTACT ME AT,
954-741-3335 EXT. 248.

SINCERLEY,



PAMELA CRAVEN
OFFICE MANAGER

MASCARENHAS, SCHWARTZ & STATHIS, M.D., P.A.