FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000056924 (9)**

1. Corporation Name
ALAN L. TANNENBAUM, M.D., INC.

Principal Place of Business	Mailing Address
708 DEL PRADO BLVD. SUITE #9 CAPE CORAL FL 33990	708 DEL PRADO BLVD. SUITE #9 CAPE CORAL FL 33990-2633

3. Date Incorporated or Qualified: 07/02/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21 523 Cape Coral Parkway
22 Suite, Apt. #, etc. —
23 City & State: Cape Coral, FL
24 Zip: 33904
25 Country: U.S.

2a. Mailing Address
26 523 Cape Coral Parkway
27 Suite, Apt. #, etc. —
28 City & State: Cape Coral, FL
29 Zip: 33904
30 Country: U.S.

4. FEI Number: 65-0692105 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

TANNENBAUM, ALAN L
708 DEL PRADO BLVD.
SUITE #9
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name: Alan L. Tannenbaum, MD
82 Street Address (P.O. Box Number is Not Acceptable): 523 Cape Coral Parkway
83 —
84 City: Cape Coral FL 85 Zip Code: 33904

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD TANNENBAUM, ALAN L 11710 ROSEMOUNT DRIVE FORT MYERS FL 33913 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD TANNENBAUM, MONIKA A 11710 ROSEMOUNT DRIVE FORT MYERS FL 33913 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: Monika Tannenbaum Alan L Tannenbaum Monika Tannenbaum 4-29-97 941-549-2772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #