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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 09 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000056924 (9)

ALAN L. TANNENBAUM, M.D., P.A.

Principal Place of Business Mailing Address						<u> </u>
523 CAPE CORAL PKWY CAPE CORAL FL 33904		523 CAPE CORAL PKWY CAPE CORAL FL 33904				
US		US		DO NOT WRITE IN THIS SPACE		
					3, Date Incorporated or Qualified	
6 Principal I	Place of Business	2a. Mailing Address			07/02/1996 4. FEI Number	I Applied For
2. Principal Place of Business 21				, "	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0692105	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
l Zip	Country	Country Zip Co		У	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes L No
g, Name and Address of Current Registered Agent **TANIFED ALL ALL ALL ALL ALL ALL ALL ALL ALL AL				Name	10. Name and Address of New Register	ac Agent
TANNENBAUM, ALAN L			Ľ	IVALLE		
523 CAPE CORAL PKWY			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
L CA	PE CORAL FL 33904		83			
			84	City	£	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607,1508. Florida Statut	es, the abov	e-named corr	poration submits this statement for the purpose	e of changing its registered
office or	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was a	authorized b	y the corporal	tion's board of directors. I hereby accept the a	appointment as registered
\	an tantinal with, and accept the oblig	pations of, Section 607,0303, Fit	inda Statole	5.		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOT	F: Registered Ag	ent signaturo requi	ired when reinstating) DA1i	E
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PVST	DELETE	1.1 TITLE			Change Addition
NAME	TANNENBAUM, ALAN L		1.2 NAME			
STREET ADDRESS 11710 ROSEMOUNT DRIVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS FL 33913		1 4 CITY - ST - ZIP			
TITLE	D DELETE		2.1 TITLE			☐ Change ☐ Addition
NAME	TANNENBAUM, ALAN A		2.2 NAME	1		
STREET ADDRESS 11710 ROSEMOUNT DRIVE			-	T ADDRESS		
CITY-ST-ZIP TITLE	FORT MYERS FL 33913	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE			Change Addition
NAME	D DEECH.		3.1 NAME			CT CHOOLING CT MORRORI
STREET ADDRESS				t Address		
CITY-ST-ZIP			3.3 STREE 3.4. CITY-			
TITLE		DELETE	4.1 TITLE	57 211		Change Addition
NAME		_	4, 2 NAME			• •
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4.4 CITY-S			
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	l		
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	ST-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			62 NAME	ļ		
STREET ADDRESS			6.3 STREET	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-5	17. 7IP		

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 cath; 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.