

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

Pg. 1012

97 AUG 14 PM 4:20

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
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DOCUMENT # **P96000063108 (0)**

1. Corporation Name

LAWRENCE H. FINK, M.D., CHARTERED

Principal Place of Business

**5741 BEE RIDGE RD. SUITE 590
SARASOTA FL 34233**

Mailing Address

**5741 BEE RIDGE RD. SUITE 590
SARASOTA FL 34233**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

P.O. Box 25504

SARASOTA, FL

34277

USA

3. Date Incorporated or Qualified

07/29/1996

3a. Date of Last Report

4. FEI Number

65-0695663

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

**FINK, LAWRENCE H
5741 BEE RIDGE RD, SUITE 590
SARASOTA FL 34233**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is not acceptable)

83

84 City

85 Zip Code

780002270817-9

08/19/97-01020-003

******165.00 ****165.00**

FL

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

7-21-97

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PRESIDENT
STREET ADDRESS	LAWRENCE H. FINK, M.D.
CITY-ST-ZIP	7700 ALISTER MACKENZIE DR SARASOTA, FL 34240
TITLE	<input type="checkbox"/> DELETE
NAME	SECRETARY
STREET ADDRESS	LANA PAT FINK, R.N.
CITY-ST-ZIP	7700 ALISTER MACKENZIE DR SARASOTA, FL 34240
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

7-21-97

CR2E034 (4/97)

pg. 2072

George V. Famiglio, Jr.
& ASSOCIATES
A Professional Accountancy Corporation

Certified Public Accountants with
Masters Degrees in Taxation

Established 1971 - Member of
AICPA/Tax Division and FICPA

George V. Famiglio, Jr., CPA/PFS, CFP
Masters Degree in Taxation
Admitted to Practice U.S. Tax Court

Jane D. Famiglio
D/Executive Director

Catherine M. Astronskas
Certified Public Accountant

Yolanda M. Czerwinski
Sr. Staff Accountant

July 21, 1997

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

RE: Lawrence H. Fink, MD, Chartered - EIN# 65-0695663
Form: 201 Cor Profit A/R

We would like to ask you kindly to waive the penalty for late filing of the Profit Corporation Annual Report for 1997 for the above corporation. They have never received the initial form from you, they waited, then they called us, I did call your office explaining that the form was never received and finally now the report is being filed along with the check for \$165.00

Please take into consideration the fact that the above corporation was trying to do their best to have the report filed with you but for some reason the original report form was never received. Please compare if you have the correct address in your records.

If you have any questions, please do not hesitate to call our office. Thank you.

Sincerely,



Yolanda M. Czerwinski
Staff Accountant