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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000103403 (7)

ALAN MARC GOMER, M.D., P.A.

- I NACKORE JIH NAJAK BUKU BANIN BAKU DOBA NADU BANDO KKUK HIDIK GANDO NAK BANDO

**FILED** Apr 25 1997 8:00am Secretary of State

September   Sept	Principal Plan	ce of Business	Mailing Address		{	<b>         </b>	
3. Date incorporated or Qualified  2. Amiling Address 2. Enricinal Place of Business 3. Date incorporated or Qualified 3. Date of Least Report  4. FEI Number 5. Conflicture of Status Desired 5. Election Campaign Financing 7. Enricinal Place of Business 3. Election Campaign Financing 3. Show Applied 5. Election Campaign Financing 7. Enricinal Place of Business 3. Election Campaign Financing 3. Show Applied 5. Election Campaign Financing 7. Enricinal Place of Business 3. Election Campaign Financing 3. Election Campaign Fina							
2, Principal Place of Business   2a, Mailing Address   2a   S.B.S. N. L. 40   T.B.R. (0.5 - 0.1 2.0.3.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1					**		
Suite, Ayd. #, ctt.  City & State  Ci					1	3a. Date of Last Report	
Solito, April 4, etc.    Solito April 5, etc.   Solito		Place of Business	2a. Mailing Address		مناحات سيساحات أسا	Applied For	
City & State  Country  Country  Countr	21				1 102-0130311	Not Applicable	
City & State    28   BOCA   ESTON   F.	Suite, Apr.	#, etc.	<del> </del>		5. Certificate of Status Desired		
29 SOCK AND NO SOCK AND DIRECTORS IT THE CONTRIBUTION Added to Fees Page 23 33 4 9 30 0 5 5 4 5 10 10 10 10 10 10 10 10 10 10 10 10 10		te			6. Flection Campaign Financing	<del></del>	
Country   Zip   2   3   3   4   5   2   5   5   2   5   5   5   2   5   5	3		28 BOCA PASTO	D, FL.	, , , , , , , , , , , , , , , , , , ,	~ · · · · · · · · · · · · · · · · · · ·	
B. Name and Address of Current Registered Agent  GOMER, ALAN M MD 7025 BERA CASA WAY BOCA RATON FL 33433  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  15. Parisinal to the provisions of Sections 607,0502 and 607 1566, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of agent or both, in the State of Florida, Such change were authorized by the corporation's board of circetors, i hereby accept the appointment as registere agent at any and accept the obligations of Section 90,0505, Florida Statutes  6GNATURE  890.4 City FL 85 Zip Code  14. Three and Address (P.O. Box Number is Not Acceptable)  820 Street Address (P.O. Box Number is Not Acceptable)  831 ADDITIONS/CHANGES TO Changing its register address of parising in the state of Florida Statutes  832 Street Address (P.O. Box Number is Not Acceptable)  833 Statutes  834 City 835 Street Address (P.O. Box Number is Not Acceptable)  835 Statutes  835 Statutes  835 Statutes  835 Statutes  945 City 95 Statutes  945	Zip	Country					
GOMER, ALAN M MD 7025 BERA CASA WAY BOCA RATON FL 33433    Basic	4			20 Q.Z.A.			
Total BERA CASA WAY BOCA RATON FL 33433    82   Street Address (P.O. Box Number is Not Acceptable)     83   84   City	001		nt Hegistered Agent	R1 Name	10. Name and Address of New Hegier	ered Agent	
BOCA RATON FL 33433    83							
Sample   S				82 Street Add	ress (P.O. Box Number is Not Acceptable)		
1. 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 register of agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    Signature   International Provisions   International Provisional P	500	DA INION IL 00100		83	······································		
1. 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 register of agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    Signature   International Provisions   International Provisional P				94 64		last Zin Codo	
collection of 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 registere agent and familiar with, and accept the obligations of Section 607, 6505, Florida Statutes.    Common transfer with, and accept the obligations of Section 607, 6505, Florida Statutes.   Common transfer with, and accept the obligations of Section 607, 6505, Florida Statutes.   Common transfer with, and accept the obligations of Section 607, 6505, Florida Statutes.   Common transfer with, and accept the obligations of Section 607, 6505, Florida Statutes.   Common transfer with, and accept the obligations of Section 607, 6505, Florida Statutes.   Common transfer with, and accept the obligations of Section 607, 6505, Florida Statutes.   Common transfer with, and accept the obligations of Section 607, 6505, Florida Statutes.   Common transfer with, and accept the obligations of Section 607, 6505, Florida Statutes.   Common transfer with, and accept the obligations of Section 607, 6505, Florida Statutes.   Common transfer with, and accept the obligations of Section 607, 6505, Florida Statutes.   Common transfer with, and accept the obligations of Section 607, 6505, Florida Statutes.   Common transfer with, and accept the obligations of Section 607, 6505, Florida Statutes.   Common transfer with, and accept the obligations of Section 607, 6505, Florida Statutes.   Common transfer with accept to present accept the appointment are registered accept to present accept the appointment accept the				64 City		FL 85 Zip Code	
AMAE   GOMER, ALAN M   12 NAME   13 STREET ADDRESS   13 STREET ADDRESS   14 CITY-ST-2P    BOCA RATON FL 33433   14 CITY-ST-2P    CRANGE   Addition of the control of the	12.	OFFICERS AF	ND DIRECTORS			S AND DIRECTORS IN 12	
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BOCA RATON FL 33433	NAME			1.2 NAME			
DELETE   Change   Addition   Ad	STREET ADDRESS			1.3 STREET ADDRESS	•		
GOMER, ALAN M	CHY-ST-7IP		Distre			[] (hear)	
17025 BERA CASA WAY   2.3 STREET ADDRESS   17025 BERA CASA WAY   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   10	==	-	T DEFEIE			C) Charips C) Adolito	
Change							
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34. CITY-ST-ZIP	NAME			3.2 NAME			
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	NAME		□ preces			CT OTRUBE CT MODRIC	
A CITY - ST - ZIP							
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	City-ST-ZIP			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.

WAN M. GOMER MD 2/14/17