**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800004645

1. Corporation Name

ARTHUR F. SCHERR, DVM, P.A.

Principal Place of Business

Mailing Address

7650 SW 135 STREET MIAMI FL 33156

7650 SW 135 STREET MIAMI FL 33156

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90005 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 0414514009

					01/10/1880			
2. Principal Pl	lace of Business	2a. Mailing Address		_	4. FEI Number	_	App	olied For
21 /53	215W74 A	Yace 26 15321 3	5. w·	74 P/	ace 65-080553	6	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<u> </u>	4ce 65-080553		\$8.75 A	dditional
22		27			5. Certifcate of Status Desired	L	Fee.Red	quired
City & State	e	City & State			6. Election Campaign Financing		\$5.00	May Be
23 Mins	$\omega: \mathcal{I}/.$	28 Miami		7.	Trust Fund Contribution		Added to	, ,
Zip	Country	Zip	Cou	ntry	8. This corporation owes the curre	ent vear Intar	naible	
24 33/5	57 25 U.S. A.	29 53/57	30 6	1-5. A	Personal Property Tax.			□No
24 - 27 2	9. Name and Address of Cui		130 2	,. <u></u> ,	10. Name and Address of New F	Registered A	gent	
	5. Name and Madisco 51 55.			81 Name			<del></del>	
AME	RILAWYER				Address (P.O. Box Number is Not Accepte	<u> </u>		
343 ALMERIA AVENUE				82 Street	Address (P.O. Box Number is Not Accepta	ıble)		
	AL GABLES FL 33134			83	321 S.W. 74 Alac			
COR	AL GABLES I L 33134			83				
				84 City	24		85 <u>Zip</u> C	ode
				/·	Niami	FL_		0de 157
11. Pursuant t	to the provisions of Sections 607.	0502 and 607.1508, Florida Sta	tutes, the a	nove-named	corporation submits this statement for the	purpose of cl	nanging its	registered
office or re	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida, Such change wa ligations of, Section 607,0505.	s autnonzed Florida Stati	by the corportes.	oration's board of directors. I hereby accept	л ше арропт	mem as reg	natered
		< 4a- 7	O.D	1	4-29	7-99		
SIGNATURE	Signature, typed or printed name of registered	SUPPLY 14			equired when reinstating)	DATE		<del></del> i
12.		AND DIRECTORS	13.	-	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
TITLE	PSTD	☐ DELETE	1.1 TIT	LE			<b>⊠</b> Change	Addition
NAME	SCHERR, ARTHUR F		1.2 NA	ME	Scherr, Arthur F.			
	7650 SW 135 STREET		1207	DEET ANNOESS	15321 S.W. 74 Plac	<b>e</b>		
STREET ADDRESS					Miami F1. 3315	7		
CITY-ST-ZIP	MIAMI FL 33156	☐ DELETE		ry-st-zip	1111au 1 1. 33/3		☐ Change	☐ Addition
TITLE		☐ DETEIE	2.1 TIT					
NAME			2.2 NA					
STREET ADDRESS			2.3 ST	REET ADDRESS				
CITY-ST-ZIP				TY-ST-ZIP				
TITLE		☐ DELETE	3.1 TIT	LE			Change	☐ Addition
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 ST	REET ADDRESS				
CITY-ST-ZIP			3,4. CI	TY-ST-ZIP				
TITLE		☐ DELETE	4.1 TT				☐ Change	Addition
NAME		<b>—</b>	4. 2 N				=	
				REET ADDRESS				j
STREET ADDRESS								
CITY-ST-ZIP		Document		TY-ST-ZIP		<del></del>	☐ Change	Addition
TITLE		☐ DELETE	5.1 TI				☐ Criange	
NAME			5.2 NA					
STREET ADDRESS			5.3 ST	REET ADDRESS				
CITY-ST-ZIP				ry-st-zip				
TITLE		☐ DELETE	6.1 TD	JE			☐ Change	☐ Addition
NAME			6.2 NA	ME				
STREET ADORESS			6.3 ST	REET ADDRESS				
			6400	IY-ST-ZIP				
CITY-ST-ZIP			0.701					

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 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, with all other like empowered.

SIGNATURE:

305-256-2800