

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 MAR 16 AM 10:09

DOCUMENT # **S05342** (8)

1. Corporation Name

ANDREA SCHULMAN, D.P.M., P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
23306A SW 53RD AVENUE
BOCA RATON FL 33433

Mailing Address
23306A SW 53RD AVENUE
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/11/1990
3a. Date of Last Report: 03/18/1994

4. FEI Number: 65-0225829
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

2. Principal Place of Business
21. 7162 N University Dr
22. Suite, Apt. #, etc.
23. Tamarac FL
24. 33321
25. USA
26. 9905 Malvern Dr
27. Suite, Apt. #, etc.
28. Tamarac FL
29. 33321
30. USA

9. Name and Address of Current Registered Agent

BRENNERS, STEVEN R.
3200 UNIVERSITY DR.
SUITE 208
CORAL SPRINGS FL 33065

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

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: *Andrea Schulman* DATE: 3/10/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD
NAME: SCHULMAN, ANDREA
STREET ADDRESS: 23360A SW 53RD AVE.
CITY-ST-ZIP: BOCA RATON FL

TITLE: ST
NAME: SCHULMAN, ANDREA
STREET ADDRESS: 23360A SW 53RD AVE.
CITY-ST-ZIP: BOCA RATON FL

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

1.1 TITLE: Change Addition
1.2 NAME: _____
1.3 STREET ADDRESS: 9905 Malvern Dr
1.4 CITY-ST-ZIP: Tamarac, FL 33321

2.1 TITLE: Change Addition
2.2 NAME: _____
2.3 STREET ADDRESS: 9905 Malvern Dr
2.4 CITY-ST-ZIP: Tamarac, FL 33321

3.1 TITLE: Change Addition
3.2 NAME: _____
3.3 STREET ADDRESS: _____
3.4 CITY-ST-ZIP: _____

4.1 TITLE: Change Addition
4.2 NAME: _____
4.3 STREET ADDRESS: _____
4.4 CITY-ST-ZIP: _____

5.1 TITLE: Change Addition
5.2 NAME: _____
5.3 STREET ADDRESS: _____
5.4 CITY-ST-ZIP: _____

6.1 TITLE: Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Andrea Schulman* DATE: 3/10/95 OFFICER/DIR: 305 226-9255