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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S05342**
 1. Corporation Name
ANDREA SCHULMAN, D.P.M., P.A.



Principal Place of Business: 7162 N UNIVERSITY DR TAMARAC FL 33321 US
 Mailing Address: 9905 MALVERN DR TAMARAC FL 33321 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/11/1990**

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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 **6999 Charleston CT** Suite, Apt. #, etc.:
 22 City & State: **Margate, FL** Zip: **33063** Country: **USA**

2a. Mailing Address: 26 **P.O. Box 8303** Suite, Apt. #, etc.:
 27 City & State: **Coral Springs, FL** Zip: **33075** Country: **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: **Andrea Schulman** 82 Street Address (P.O. Box Number is Not Acceptable): **6999 Charleston Dr** 83 84 City: **Margate** FL 85 Zip Code: **33063**

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]* DATE: **4/27/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULMAN, ANDREA	1.2 NAME	
STREET ADDRESS	9905 MALVERN DR	1.3 STREET ADDRESS	6999 Charleston CT
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	Margate, FL 33063
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULMAN, ANDREA	2.2 NAME	
STREET ADDRESS	9905 MALVERN DR	2.3 STREET ADDRESS	6999 Charleston CT
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	Margate, FL 33063
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *[Signature]* DATE: **4/27/99** DAYTIME PHONE #: **954 227-7503**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)