


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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90107 040 ***150.00

0316230

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	
2. Principal Place of Business 21 6999 Charleston CT Suite, Apt. #, etc. 22 City & State 23 Margate, FL Zip 24 33063 25 USA		2a. Mailing Address 26 P.O. Box 8303 Suite, Apt. #, etc. 27 City & State 28 Coral Springs, FL Zip 29 33075 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 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 <i>[Signature]</i> 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 NAME SCHULMAN, ANDREA STREET ADDRESS 9905 MALVERN DR CITY-ST-ZIP TAMARAC FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 6999 Charleston CT 1.4 CITY-ST-ZIP Margate, FL 33063	
TITLE ST NAME SCHULMAN, ANDREA STREET ADDRESS 9905 MALVERN DR CITY-ST-ZIP TAMARAC FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 6999 Charleston CT 2.4 CITY-ST-ZIP Margate, FL 33063	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/11/1990	Applied For Not Applicable
4. FEI Number 65-0225829	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99 954 227-7503

CR2E034 (11/98)