

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne E. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S55851** (7)

1. Corporation Name
CYNTHIA SPELLMAN, M.D., P.A.



Principal Place of Business: **4210 SOUTH UNIVERSITY DRIVE SUITE 3 DAVIE FL 33328**
Mailing Address: **4210 SOUTH UNIVERSITY DRIVE SUITE 3 DAVIE FL 33328**

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: **05/24/1991** 3a. Date of Last Report: **04/27/1995**
4. FEI Number: **65-0273240** 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**SPELLMAN, CYNTHIA M.D.
4210 SOUTH UNIVERSITY DRIVE
SUITE 3
DAVIE FL 33328**

81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. City: 85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.08(2) and 607.15(2), Florida Statutes, the above named corporation submits the 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, Sections 607.08(2) and 607.15(2), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	SPELLMAN, CYNTHIA M.D.	
STREET ADDRESS	4210 S. UNIVERSITY DR.	
CITY, ST, ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPELLMAN, CYNTHIA M.D.	
STREET ADDRESS	4210 S. UNIVERSITY DR.	
CITY, ST, ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information appearing in this Report is true and correct, and does not conflict with the information in Section 119.07(9)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental report is true and correct 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 registered or transfer agent required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or corrected from its original address.

SIGNATURE: *Cynthia Spellman* **Cynthia Spellman ms 4-17-96 4732328** (954)

CR2E034 (12/95)