

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

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S59455 (3)

1. Corporation Name
BARBARA ANN SCHERER, M.D., P.A.



Principal Place of Business 2021 E. COMMERCIAL BOULEVARD SUITE 305 FORT LAUDERDALE FL 33308 US	Mailing Address 5911 NE 19 AVENUE FORT LAUDERDALE FL 33308-2105 US
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3. Date Incorporated or Qualified 06/13/1991	3a. Date of Last Report 07/03/1996
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2. Principal Place of Business 21. 2001 E. Commercial Suite, Apt. #, etc. Boulevard City & State 23. Ft. Laud, FL Zip 24. 33308 Country 25. US	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country 30.
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4. FEI Number 65-0271144	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SCHERER, BARBARA ANN
2021 E COMMERCIAL BLVD
STE 305
FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81. Name **SCHERER, BARBARA ANN**
82. Street Address (P.O. Box Number is Not Acceptable)
2001 E. Commercial Blvd
83. City & State
Ft. Lauderdale FL
84. Zip Code
33308

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME SCHERER, BARBARA ANN	
STREET ADDRESS 2021 E. COMMERCIAL BOULEVARD	
CITY-ST-ZIP FORT LAUDERDALE FL	
TITLE VST	<input type="checkbox"/> DELETE
NAME SCHERER, BARBARA ANN	
STREET ADDRESS 2021 E. COMMERCIAL BOULEVARD, #305	
CITY-ST-ZIP FORT LAUDERDALE 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

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME SCHERER, Barbara Ann	
1.3 STREET ADDRESS 2001 E. Commercial Boulevard	
1.4 CITY-ST-ZIP Fort Laud., FL 33308	
2.1 TITLE Scherer, Barbara Ann	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME 2001 E. Commercial Blvd	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: _____ DATE: **1/25/97** (954) DAYTIME PHONE # **771-3737**

CR2E034 (9/96)