

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S74972 (8)

1. Corporation Name
JEFFREY S. SCHOTTLAND, M.D., P.A.



Principal Place of Business: **5130 LINTON BLVD. SUITE B-4 DELRAY BEACH FL 33484 US**
Mailing Address: **6483 VIA ROSA BOCA RATON FL 33433 US**

2. Principal Place of Business
21 **5130 LINTON BLVD.**
Suite, Apt. #, etc.
22 **SUITE 203**
City & State
23 **DELMY BEACH, FL**
Zip Country
24 **33484** 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 30

3. Date Incorporated or Qualified: **08/16/1991**
3a. Date of Last Report: **03/01/1995**
4. FET Number: **65-0284604**
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

9. Name and Address of Current Registered Agent

**PHETERSON, I. J
400 SOUTH DIXIE HIGHWAY
SUITE 420
BOCA RATON FL 33432**

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: **FL**

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 (typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE: **PD** DELETE
NAME: **SCHOTTLAND, JEFFREY**
STREET ADDRESS: **6483 VIA ROSA**
CITY - ST - ZIP: **BOCA RATON FL**

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY - ST - ZIP:

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY - ST - ZIP:

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeffrey Schottland* - **JEFFREY SCHOTTLAND**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/2/96** Daytime Phone #: **407-637-2900**

CR2E034 (12/95)