

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

FILED
Jul 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
1. Corporation Name

V02675

FRANTZ CHERY, M.D., P.A.

Principal Place of Business

Mailing Address

4101 N.W. 4th Street
Suite 302
Plantation, FL 33317

SAME

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified	12/23/1991
4. FEI Number	65-0303355
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 or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHERY, FRANTZ, M.D.
4101 N.W. 4th Street
Suite 302
Plantation, FL 33317

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

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: If a new Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP 21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP 31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP 41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP 51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP 61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP
☐ DELETE	☐ Change ☐ Addition
☐ DELETE	☐ Change ☐ Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 registered agent authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. I changed or am an attached agent address.

SIGNATURE: _____ Frantz Chery, M.D. (954) 587-0046

CR2E034 (10/97)

FROM THE DESK OF

(2)

Frantz Chery, M.D.

6/22/98

Mrs. Trevor Brumbley
Division of Corporations

Dear Mrs Brumbley, as
I discussed with you over the
phone last week, I did not
receive my initial mail on
time. As agreed by you I
am enclosing a check of the
amount of \$150.00 to cover the
fees for filing hoping that you
will as promised waive the
penalty fee.

Truly yours

F. Chery, M.D.

 M.D.

TAX ID #

65-0303355