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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(0)

GEORGE FOURNIER III, M.D., F.A.C.S., P.A.

FILED Apr 22 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				. Lean atteat riett deine india einet riet artit eint Bint, albit affit eint fadt	
6405 NORTH FEDERAL HWY. 6405 NORTH			FEDERAL HWY.				
SUITE 402	ADALE EL AGRAG	SUITE 402				DO NOT WOITE IN THIS ODAGE	
PORT DAUDE	RDALE FL 33308	FORT LAUDERDALE FL 33308				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 01/29/1992	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				65-0311403 Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				¢0.75 ******	
22		27				5. Certificate of Status Desired Fee Required	
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution	
Zip	Country	ountry Zip			,	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	,		Personal Property Tax due June 30. 🔀 Yes 🗌 No	
	9. Name and Address of Curren	Registered Agent				10. Name and Address of New Registered Agent	
	Shner, les e Ame∎r, green, kahn, kushn			81	Name	16	
			82	Street	et Address (P.O. Box Number is Not Acceptable)		
	00 HÖLLYWOOD BLVD. STE 485, ILLYWOOD FL 33021	, 8		83			
110	CETHOOD 1 E 33021				ļ		
				84	City	FL 85 Zip Code	
11. Pursuant to the provisions of Socious 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 ages			d Age	nt signature	ture required when reinstating) DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	FOURNIER, GEORGE, III	DELETE	1.1 HTLE			P/D Change Addition	
NAME	6405 N. FED. HWY, #402		1.2 N				
STREET ADDRESS	FORT LAUDERDALE FL				ADDRESS	S .	
CITY-ST-ZIP	TONT DODLIDALL TE	DELETE		TY-S	T-ZIP	☐ Change ☐ Addition	
NAME				2.1 TITLE 2.2 NAME		Change Advitor	
STREET ADDRESS					ADDRESS:		
CITY-ST-ZIP					ADDRESS 1 ST-ZIP	»	
TITLE		DELETE	DELETE 3.1 TO		51 - ZIF	Change Addition	
NAME			3.2 NAI			C orange C Addition	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP					T-ZIP	<u> </u>	
TITLE		DELETE	4.1 TI		Z1 " & M	Change Addition	
NAME		 -	4. 2 N				
STREET ADDRESS					ADDRESS	s	
CITY-ST-ZIP			4.4 CI				
TITLE		☐ DELETE	5.1 Tr			Change Addition	
NAME;			5.2 N/	AME			
STREET ADDRESS					address	is	
CITY-ST-ZIP			5.4 CI				
TITLE		DELETE	6.1 Tr			Change Addition	
NAME			6.2 N/	AME			
STREET ADDRESS			-		ADDRESS	s	
CITY-ST-ZIP			1	[Y - S]			
dd Illiani	7.07 (1			_			

I hereby certify that the information supplied with this filling 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.