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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 17 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V21872 (9)

1. Corporation Name

MICHAEL A. SCHWARTZ, M.D., P.A.

Principal Place of Business

**5881 NORTHWEST 151ST STREET
SUITE 101
MIAMI LAKES FL 33014**

Mailing Address

**9450 E BROADVIEW DR
SUITE 101
BAY HARBOR ISLANDS FL 33154
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1992

3a. Date of Last Report

03/24/1994

4. FEI Number

65-0325059

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 § 194.03?
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

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City & State

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Zip

Country

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9. Name and Address of Current Registered Agent

**SALVER, PAUL
5881 NORTHWEST 151ST STREET
SUITE 101
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

(Signature typed or printed name of registered agent and the corporation)

(Signature typed or printed name of registered agent and the corporation)

(Date)

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SCHWARTZ, MICHAEL A. M.D.**
STREET ADDRESS **9450 E BROADVIEW DR.**
CITY, ST, ZIP **BAY HARBOR ISLANDS FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE ☐ Change ☐ Addition

15 NAME

16 STREET ADDRESS

17 CITY, ST, ZIP

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40 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 statement law found 194.03, 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:

(Signature typed or printed name of signing officer or director)

11/14/95

11/14/95