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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V58828

(7)

SHELDON M. FRANK, M.D., P.A.

FILED
Feb 06 1997 8:00am
Secretary of State

2. Principal Place of Business 2a. Meating Address 4. FEI Number Applied For Applied For Suite, Apt #, etc. 5c 65-0357986 Not Applied For Suite, Apt #, etc. 5c Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt #, etc. City & State City & State City & State City & State Country Zip Country B. This corporation has liability for intenglible tax under s. 199.032, Florida Statutes Xivas No Not Applicable \$5.00 May Be Added to Fees This corporation has liability for intenglible tax under s. 199.032, Florida Statutes Xivas No Not Applicable \$5.00 May Be Added to Fees This corporation has liability for intenglible tax under s. 199.032, Florida Statutes Xivas No Not Applicable \$5.00 May Be Added to Fees This corporation has liability for intenglible tax under s. 199.032, Florida Statutes No No No No No No No No No N
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City & State Country Country Country Country Country R. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Prank, SHELDON M. 8110 SW 89RD STREET MAMI FL 33143 83 84 City Sircet Address (P.O. Box Number is Not Acceptable) 83 84 City Sircet Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 667.0502 end 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and tender with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and tender with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, are accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, are accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, are accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered agent, are accept the appointment as registered agent, are accept the appointment as registered. 12. Of FICE IS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ENAME STREET AIDDRESS MIAMI FL 14. City ST-72P. 15. City ST-72P. 15. City ST-72P
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Zip
9. Name and Address of Current Registered Agent FRANK, SHELDON M. 8110 SW 83RD STREET MIAMI FL 33143 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 agent, are 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, are both, in the State of Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 11 TITLE DELETE 11 TITLE Change Addition
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14. I do hereby codify 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 inclicated 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 ghapted, or on an attachment with an address.

6.4 CITY - ST - ZIP

SIGNATURE:

CITY - ST - ZIP

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