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

**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V72790

MITCHELL KARL, M.D., P.A.

FILED					
Feb	11	1997	8:00am		
Se	ecre	etary o	of State		

	 	 	,	 	 

Principal Place	e of Business	Mailing Address		3 1881 Briddi John Jibia Habia addi addi dini dini dini dini dini di			
1599 NW 9 AV	/E.	1599 NW 9 AVE.		·			
SUITE 203		SUITE 203					
BOCA RATON	FL 33486	BOCA RATON FL 33486	6-1 399	3. Date Incorporated or Qualified	Sa. Date of Last Report		
				10/15/1992	03/04/1996		
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For		
21		26		65-0363497	Not Applicable		
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	☐ Added to Fees		
Zip	Country	Zip	Country	8. This corporation has tiability for i			
24	25	29	30		Yes 🔲 No		
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	gistered Agent		
MIT	CHELL, KARL		81 Name	La Van			
1599	9 NW 9THA VE		82 Street Add	hell KARL Iress (P.O. Box Number is Not Acceptab	le)		
200	S.E. FIRST STREET, PENTHO	USE	1599		SUITE 203		
	CA RATON FL 33486		83				
			64 00		lot I 7's Cada		
			84 City OC	A RATON .	FL 85 Zip Code		
11, Pursuant	to the provisions of Sections 607.0	502 and 607 1508, Florida Sta	tutes, the above named cor	poration submits this statement for the p	urpose of changing its registered		
l office or r	registered agent, or both, in the Sta im familiar with, and accept the obl	ite.of Florida. Such change wa	is authorized by the corpora	ation's board of directors. I hereby accep	ot the appointment as registered		
	in rannia win, and accept the obi	gations of, decition cortidads,	Florida Statutes.	1/27/9	.a		
SIGNATURE	Signature Typed or printed name of registered a	agent and take if applicable (N	IO1E: Registered Agent signature requ	1 - 7	DATE		
12.		ND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1.1 TITLE		Change Addition		
NAME	KARL, MITCHELL		1.2 NAME				
STREET ADDRESS	3075 NW 60TH ST.		1.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY - ST - ZIP				
1ITLE	3007,1111101112	DELETE	21 TITLE		Change Addition		
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS	·	·		
			2 4 CITY-ST-ZIP	·			
CITY-ST-ZIP TITLE		DELETE	31 TITLE		Change Addition		
		□ perrit			time orningo time recontory		
NAME			32 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-S1-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition		
THTLE		m) nerett	4.1 TITLE		Change Xoulton		
NAME			4. 2 NAME		]		
STREET ADDRESS			4.3 STREET ADDRESS				
CiTY-ST-ZIP		Dr. str	4.4 CITY-ST-ZIP		100000		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
DrTY - ST - ZIP			5.4 CITY - ST - ZIP		, , , , , , , , , , , , , , , , , , , ,		
THLE		DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME			6.2 NAME				
STREET ADDRESS	}		6.3 STREET AODRESS				
CITY-S1-ZIP			6.4 CHTY+ST-ZIP				
<b></b>	· · · · · · · · · · · · · · · · · · ·		10 F 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-11- O- 0- 440 07(0)() FI-14- O-1-	A Control of the state of		

14. I do hereby certify 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 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 for on an attachment with an address.

**SIGNATURE:** 

MANUAL RECUIRED