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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 545306 (3)

**1. Corporation Name
DR. NEIL B. TENZER, P.A.**

**Principal Place of Business Mailing Address
2645 N.E. 186TH ST 2645 N.E. 186TH ST
MIAMI FL 33180 MIAMI FL 33180**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/15/1977 3a. Date of Last Report 04/06/1994

4. FEI Number 59-1772004 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 S. 199.032, Florida Statutes [] Yes [] No

2. Principal Place of Business 2a. Mailing Address

21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TENZER, NEIL B.
2645 N.E. 186TH ST
MIAMI FL 33180**

**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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE PD
NAME TENZER, NEIL
STREET ADDRESS 19101 MYSTIC PT DR #2108
CITY-ST-ZIP MIAMI FL**

**TITLE S
NAME TENZER, NEIL
STREET ADDRESS 19101 MYSTIC PT DR #2108
CITY-ST-ZIP MIAMI FL**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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CITY-ST-ZIP**

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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**1 1 TITLE [] Change [] Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY-ST-ZIP**

**2 1 TITLE [] Change [] Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY-ST-ZIP**

**3 1 TITLE [] Change [] Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY-ST-ZIP**

**4 1 TITLE [] Change [] Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY-ST-ZIP**

**5 1 TITLE [] Change [] Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY-ST-ZIP**

**6 1 TITLE [] Change [] Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 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 stated in Section 110.07(3)(k), 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 checked, or on an attachment with an address.

SIGNATURE: [Signature] Dr. Neil B. Tenzer 4/21/95 305 931-2113