

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 601373 (4)

1. Corporation Name

ANGELIDES, HINDS, COLL, NADLER & ROSABAL, M.D.,
PROFESSIONAL ASSOCIATION

Principal Place of Business

7100 WEST 20TH AVE.
SUITE 101
HIALEAH FL 33016

Mailing Address

7100 WEST 20TH AVE.
SUITE 101
HIALEAH FL 33016



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ANGELIDES, ALEXANDER C., MD
7100 WEST 20TH AVE, STE 101
HIALEAH FL 33016

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

09/06/1969

3a. Date of Last Report

02/09/1995

4. FEI Number

59-1272217

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

10. Name and Address of New Registered Agent

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 officer or director) (Typed or printed name of agent)

(Typed or printed name of agent) (Typed or printed name of agent)

(Date)

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP
ANGELIDES, ALEXANDER C.
7100 W 20TH AVE
HIALEAH, FL 0

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP
HINDS, RONALD B.
7100 W 20TH AVE #101
HIALEAH, FL 0

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP
S
NADLER, STEVEN P.
7100 W 20TH AVE #101
HIALEAH, FL 0

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP
T
COLL, GEOFFREY
7100 W 20TH AVE
HIALEAH, FL 0

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP
ST
ROSABAL, ORESTES G.
7100 W. 20TH AVE #101
HIALEAH FL

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY, ST, ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY, ST, ZIP

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY, ST, ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.14.94

Date

Signature of Officer or Director

CR2E034 (12/95)