

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **646300** (4)

1. Corporation Name  
**DONALD DUNAYER, D.O., P.A.**



Principal Place of Business: **6855 MIRAMAR PARKWAY MIRAMAR FL 33023-0023**  
Mailing Address: **6855 MIRAMAR PARKWAY MIRAMAR FL 33023-0023**

3. Date Incorporated or Qualified: **11/27/1979**  
3a. Date of Last Report: **04/04/1995**  
4. FEI Number: **59-1958229**  
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: **7845 Pines Blvd**  
2a. Mailing Address: **7845 Pines Blvd**  
21. Suite, Apt. #, etc.:  
22. City & State: **Pembroke Pines FL**  
23. City & State: **Pembroke Pines**  
24. Zip: **33024** 25. Country: **Broward** 29. Zip: **33024** 30. Country: **Broward**

9. Name and Address of Current Registered Agent  
**DUNAYER, DONALD  
6855 MIRAMAR PARKWAY  
MIRAMAR FL 33023**

10. Name and Address of New Registered Agent  
81. Name: **Donald Dunayer DO**  
82. Street Address (P.O. Box Number is Not Acceptable): **7845 Pines Boulevard**  
83. City: **Pembroke Pines** 84. State: **FL** 85. Zip Code: **33024**

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: *Donald Dunayer, D.O., P.A.* **Donald Dunayer, D.O., P.A.** **1-17-96**  
(NOTE: Registered Agent Signature required when not state.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUNAYER, DONALD	
STREET ADDRESS	6855 MIRAMAR PARKWAY	
CITY-ST-ZIP	MIRAMAR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7845 Pines Boulevard
1.4 CITY-ST-ZIP	Pembroke Pines FL 33024
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 changed, or in an attachment with an address.

SIGNATURE: *Donald Dunayer, D.O., P.A.* **Donald Dunayer, D.O., P.A.** **1-17-96** **68551626000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Date) (Phone #)

CR2E034 (12/95)