

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H31329 (6)

1. Corporation Name

DR. STEVEN PAUL, P.A.

Principal Place of Business

**8008 WILES RD.
CORAL SPRINGS FL 33067-8698**

Mailing Address

**8008 WILES RD.
CORAL SPRINGS FL 33067-8698**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/27/1984

3a. Date of Last Report

03/22/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2468749

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAUL, STEVEN DR.
8008 WILES RD.
CORAL SPRINGS FL 33067**

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 607.0605, Florida Statutes.

SIGNATURE

Steven Paul **Dr. Steven Paul**

4-26-95

Signature of agent or printed name of registered agent and the if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	PAUL, STEVEN, DVM
STREET ADDRESS	8008 WILES ROAD
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	D
NAME	PAUL, NORMAN
STREET ADDRESS	8008 WILES ROAD
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	S
NAME	PAUL, FLORRIE
STREET ADDRESS	8008 WILES ROAD
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	T
NAME	PAUL, JILL
STREET ADDRESS	800 S. WILES ROAD
CITY - ST - ZIP	CORAL SPGS. FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 119.07(9)(b), 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an alternate form with an address.

SIGNATURE:

Steven Paul **Dr. Steven Paul**

4-26-95 305-752-1879

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

Title

Telephone Number