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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

SEP 22 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # L07115 (3)

1. Corporation Name

PETER MERKLE, M.D., P.A.

Principal Place of Business

1101 E SAMPLE ROAD
3300 PGA BLVD., 7TH FLOOR
POMPANO BEACH FL 33064

Mailing Address

1101 E. SAMPLE ROAD
3300 PGA BLVD., 7TH FLOOR
POMPANO BEACH FL 33064-5113
US

3. Date Incorporated or Qualified
08/03/1989

3a. Date of Last Report
08/02/1994

4. FBI Number
65-0136946

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. 193.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 1101 E. SAMPLE ROAD

Suite, Apt. #, etc.

22 POMPANO BEACH

City & State

23 FLORIDA

Zip

24 33064

Country

2a. Mailing Address

26 1101 E. SAMPLE ROAD

Suite, Apt. #, etc.

27

City & State

28 POMPANO BEACH, FL

Zip

29 33064

Country

30

9. Name and Address of Current Registered Agent

MERKLE, PETER, MD
1101 E SAMPLE ROAD
POMPANO BCH FL 33064

10. Name and Address of New Registered Agent

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 title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
DPS
MERKLE, PETER, M.D.
1101 E SAMPLE ROAD
POMPANO BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(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 liquidator 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER F. MERKLE

4/24/95

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