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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DOCUMENT # 1. Corporation Name

DIVISION OF CORPORATIONS L18662

(1)

DOMONADA	DEDIATRICE	ASSOCIATION.	D A
PUMPANU	PEUIATHIUS	ASSUGIATION.	P.A.

TOMINARO I EDIATRICO AGGOCIATION, FIA										
Principal Place	of Business	Mailing Add	dress				- I CORDINENT MAN CHANGE INCIDENTIAL MENTAL	//// III III III	111 81911 81811 8 1	IN II DEDEE DIDIL IN DI
2000 N FEDERAL HWY POMPANO BEACH FL 33062		2000 N FEDERAL HWY POMPANO BEACH FL 33062								
							Date Incorporated or Qualified 09/25/1989	3a. D	Date of Last F 06/26/1	
2. Principal Pia	ce of Business	2a. Mailing	Address				4. FEI Number			Applied For
21		26					65-0145050			Not Applicable
Suite, Apt. #		27	Apt. #, etc.				5. Certificate of Status Desired		4	5 Additional Required
City & State		City & S	State				6. Election Campaign Financing			00 May Be
Zip	Country	28	· · · · · · · · · · · · · · · · · · ·	Cour	ntry		Trust Fund Contribution 8. This corporation has liability for			ed to Fees
24	25	29		30	ic, y		1	nitarigibi€ s ∐No		199.032,
····	9. Name and Address of Current	Registered Ag	gent	11			10. Name and Address of New I	Registere	ad Agent	
					81	Name				
	GS, MARVIN A., JR.			-	82	Street Addr	ess (P.O. Box Number is Not Acceptal	ble)		
	EDERAL HWY			ļ	\Box					
POMPA	INO BEACH FL 33062				83					
					84	City		F	85 Z	ip Code
11. Pursuant to or registere	the provisions of Sections 607.0502 and agent, or both, in the State of Florida	ind 607.1508, F	Florida Statute	es, the aboved by the c	/e-n	amed corpora	ation submits this statement for the pu	irpose of o	changing its	registered office
familiar with	n, and accept the obligations of, Section	n 607.0505, Fic	orida Statutes	i.	Orpic	oration 3 soci	o or allectors. Thereby accept the app	JOH III HEAL	as registered	Jageni, Fam
SIGNATURE:										
12.	ilignature, typed or printed name of registered agent an OFFICERS AND		,NO	TE: Registered .	Agent	t signature required		DATE		000 01 10
TILE	D		DELETE	1.1 îl	TI É	T	ADDITIONS/CHANGES TO OF	IUERS A	Change	
NAME	TEEBAGY, CHARLES E., MD	_	,	1.2 NA					Onlinge	
STREET ADDRESS	2000 N FEDERAL HWY					ADDRESS				
CITY - ST - ZIP	POMPANO BEACH FL			1.4 Cit						
TITLE	D		DELETE	2 1 Til					Change	Addition
NAME	GIDDINGS, MARVIN A., MD			22 NA	ME					
STREET ADDRESS	2000 N FEDERAL HWY			23 51	REET	ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL			2 4 CIT	Y-S1	T-ZIP				İ
TITLE		Ė	DELETE	3 1 711	LE				Change	Addition
NAME				3.2 NA	ME					
STREET ADDRESS				33 \$1	RFET	ADDRESS				
CITY-ST-ZIP				3 4 CiT	Y-5!	T-ZIP				
TITLE] DELETE	4.110	LE				Change	☐ Addition
NAME				4.2 NA	ME					
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STREET ADDRESS						ADDRESS				
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NAME		L_	1 Pereit	6 1 TH					Change	[] woortion
STREET ADDRESS				6.2 NAI		ADDRECC				
CITY ST-ZIP				- 1		ADDRESS				
OILL ST FIL				6.4 CIT	1-0	1-ZIF				

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 cath, that I am an officer or director of the corporation or the receivor 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 on an attachment with an address.

SIGNATURE:

305-94/-573/