

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra M. Matheson
Secretary of State
TALLAHASSEE, FLORIDA 32304-0001

APPROVED
AND
FILED

95 MAY -1 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L53160

(2)

To: Incorporator(s) Partner(s)

DAVID B. SLOTNICK, M.D., P.A.

Principal Place of Business

300 NW 70TH AVE
SUITE 105
PLANTATION FL 33317
US

Mailing Address

300 NW 70TH AVENUE
SUITE 105
PLANTATION FL 3317
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/27/1990	3a. Date of Last Report 04/19/1994
4. FEI Number 65-0194202	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 delinquency for violation of 190.070, Florida Statutes. ☒ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
22. Suite, Apt., etc. 22	2b. Suite, Apt., etc. 27
23. City & State 23	2c. City & State 28
24. Zip 24	2d. Zip 29
25. Country 25	2f. Country 30

9. Name and Address of Current Registered Agent

SLOTNICK, DAVID B, MD
300 NW 70TH AVENUE, SUITE 105
SUITE 103
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL
85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation has duly complied with the provisions of Chapter 190, Florida Statutes, for the purpose of changing its registered office to the above named address in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accepting the appointment as registered agent. I am not a shareholder or officer of the corporation, or a person named in Section 190.070, Florida Statutes.

Signature of

David B. Slotnick, MD, P.A., Registered Agent

Signature of Agent for Incorporation or Qualification

Signature of Secretary of State

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:	
1. NAME D SLOTNICK, DAVID B.	1. NAME ☐ Change ☐ Addition	2. NAME ☐ Change ☐ Addition	2. NAME ☐ Change ☐ Addition
2. STREET ADDRESS 300 NW 70 AVENUE	2. STREET ADDRESS ☐ Change ☐ Addition	3. NAME ☐ Change ☐ Addition	3. NAME ☐ Change ☐ Addition
3. CITY PLANTATION FL	3. CITY ☐ Change ☐ Addition	4. NAME ☐ Change ☐ Addition	4. NAME ☐ Change ☐ Addition
4. STATE FL	4. STATE ☐ Change ☐ Addition	5. NAME ☐ Change ☐ Addition	5. NAME ☐ Change ☐ Addition
5. ZIP 33317	5. ZIP ☐ Change ☐ Addition	6. NAME ☐ Change ☐ Addition	6. NAME ☐ Change ☐ Addition
6. TITLE MD	6. TITLE ☐ Change ☐ Addition	7. NAME ☐ Change ☐ Addition	7. NAME ☐ Change ☐ Addition
7. DATE 04/19/94	7. DATE ☐ Change ☐ Addition	8. NAME ☐ Change ☐ Addition	8. NAME ☐ Change ☐ Addition
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98. DATE 04/19/94	98. DATE ☐ Change ☐ Addition	99. NAME ☐ Change ☐ Addition	99. NAME ☐ Change ☐ Addition
99. DATE 04/19/94	99. DATE ☐ Change ☐ Addition	100. NAME ☐ Change ☐ Addition	100. NAME ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/95 (305) 797-7300

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L54055**

(3)

BOSWELL REALTY VOLUSIA, INC.

Principal Place of Business

Mailing Address

165 E GRANADA BLVD
ORMOND BEACH FL 32176
US

165 E GRANADA BLVD
ORMOND BEACH FL 32176
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or organized 03/01/1990	3a. Date of Last Report 07/08/1994
4. F.I. Number 59-3068519	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
9. This corporation has income, for purposes of, under § 190.022, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. City	29. City
25. State	30. State

9. Name and Address of Current Registered Agent

**BOSWELL, CLARISSA
2130 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32176**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	BOSWELL, CLARISSA B.	1.2 NAME	
STREET ADDRESS	2130 JOHN ANDERSON DRIVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	ORMOND BEACH FL	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and does not apply for the exemption stated in Section 139.07(1)(b), Florida Statutes. I further certify that the information submitted 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 in the state. I am an officer or director of the corporation or the person or persons authorized to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Clarissa Boswell* 4-28-95 904-673-9933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR