

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

**APPROVED  
AND  
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**95 APR 17 PM 1:07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # L54118 (9)**

**1. Corporation Name  
FLORIDA MEDICAL GROUP OF DAVIE, INC.**

**Principal Place of Business**  
1512 SE 10 ST  
FT LAUDERDALE FL 33316  
US

**Mailing Address**  
1512 SE 10 ST  
FT LAUDERDALE FL 33316  
US

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified** 03/01/1990  
**3a. Date of Last Report** 04/22/1994

**4. FEI Number** 65-0178314  
**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 C. 199.032, Florida Statutes**  Yes  No

**2. Principal Place of Business**  
**21** 8406 St. Rd 84  
Suite, Apt. #, etc.

**2a. Mailing Address**  
**26** 3510 Ridgeland Road  
Suite, Apt. #, etc.

**22** City & State  
Davie, Florida

**27** City & State  
Davie, Florida

**24** Zip 33324  
**25** Country Broward

**29** Zip 33324  
**30** Country Broward

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**PLEETER, LOUIS J.  
4801 S. UNIVERSITY DRIVE, #308  
FT. LAUDERDALE FL 33328**

**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
One Boca Place  
**83** 2455 Glades Road, Suite 236 W  
**84 City** Boca Raton **FL** **85 Zip Code** 33431

**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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE** D  
**NAME** FIELDS, ALLAN N.  
**STREET ADDRESS** 8806 STATE ROAD 84  
**CITY - ST - ZIP** DAVIE FL

**1.1 TITLE**  Change  Addition  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY - ST - ZIP**

**TITLE** D  
**NAME** BOLTON, EDGAR B., JR.  
**STREET ADDRESS** 8806 STATE ROAD 84  
**CITY - ST - ZIP** DAVIE FL

**2.1 TITLE**  Change  Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY - ST - ZIP**

**TITLE** D  
**NAME** HALADEY, ROBERT  
**STREET ADDRESS** 8806 STATE ROAD 84  
**CITY - ST - ZIP** DAVIE FL

**3.1 TITLE**  Change  Addition  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**4.1 TITLE**  Change  Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**5.1 TITLE**  Change  Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**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(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 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE: Robert Haladey - Robert Haladey April 10, 1995 305-424-6570**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR