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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

(7)

WILFRED C. MCKENZIE, M.D., P.A.

Principal Place of Business Mailing Address										
1625 SE 3RD AVE 1625 SE 3RD AVE FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316										
							 Date Incorporated or Qualif 6 12/13/1991 		e of Last R 4/21/199	95
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number Applied For				
·l		26			65-0303676 Not Applicable \$8.75 Additional					
Suite, Apt. #,	etc.	Suite, Apt. (1 1			Certificate of Status Desired Fee Required				
City & State		<u>⊢</u> ¬ '	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
3		28	Ziti Country			This corporation has liability for intangible tax under s 199 032.				
Zip Country		Zip 29	├ ─┐	30			Florida Statutes Yes No			
4	g. Name and Address of Currer			 			10. Name and Address of Ne	w Registered	Agent	
	g, manie and manie and			81	Na	me	- · · · · · · · · · · · · · · · · · · ·			
	E, WILFRED C.				St	reet Addı	ess (P.O. Box Number is Not Acceptable)			
1625 SE										
FT LAUD	ERDALE FL 33316				ļ		OF 7- Code			
				84	Ci	ty	FL 85 Zip Code			
SIGNATURE _		ND DIRECTORS		3.	i I sign	abre terik:	ad where recessating ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	PST				1 1 TITLE				Change	Add tion
NAME	MCKENZIE, WILFRED C.			2 NAME						
STREET ADDRESS	1625 SE 3RD AVE			L3 STREE						
CHTY-ST-ZIP	FT LAUDERDALE FL		ELETE 2.1 Tits		-				Change	Addition
TITLE	D McKenzie, Wilfred C.		2		2 2 NAME					_
NAME	1625 SE 3RD AVE				LADO	iress				
STREET ADDRESS CHTY-ST-ZIP	FT LAUDERDALE FL			2 4 CITY -		1		,		
TITLE	11 000000000000000000000000000000000000				3 1 TITLE				Change	Addition
NAME				3 2 NAME						
STREET ADDRESS				33 STRE	EL AD	DRESS				
CITY - S1 - ZIP				3.4 CITY-		P			Change	Addition
TITLE		[] [4 1 THILE 4 2 NIANGE						_
NAME				4.2 NAME 4.3 STREE		22390				
STREET ADDRESS				4.3 SINES		ľ				
CHY-ST-ZIP TITLE				5 1 TrTLE	_				Changi	Addition
NAME		_	ŀ	5.2 NAME						
STREET ADDRESS			1	5 3 STHE	ET AD	DRESS				
CITY - ST - ZIP			,,,	5.4 CiTY	- \$T - i	hP			["] Ohaca	e 🔲 Addition
TITLE			DELETE	6 1 TITU					Chang	s Monition
NAME			ŀ	62 NAM						
STREET ADDRESS				6 3 STHE		i				
City St - ZiP	I de la	durth the flied is vol	luntarily furnished	64 CiTY	-SI	or qualify	y for the exemption stated in Section	n 119.07(3)(k),	Florida Sta	lutes. I further

Too hereby certify that the information supplied with this fling is voluntarily furnished and does not quarry for the exemption stated in section 119.07(3)(k), ribride distilles. The first certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under coath, that I am an officer or director of first composition of the receiver or 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 charged, or this in an artificial trust and tress

SIGNATURE: