

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

**APPROVED AND FILED**

**95 APR 20 AM 7:19**

**STATE TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # V09882 (4)**

**1. Corporation Name DANIEL S. RAPPAPORT, M.D., P.A.**

DO NOT WRITE IN THIS SPACE

**Principal Place of Business Mailing Address**  
~~VILLAGE MEDICAL CENTER STRATFORD F EAST DR~~  
~~WEST PALM BEACH FL 33417~~  
5405 OKEECHOBEE BLVD #303  
W. P. B. FL. 33417  
~~VILLAGE MEDICAL CENTER STRATFORD F EAST DR~~  
~~WEST PALM BEACH FL 33417~~  
5405 OKEECHOBEE BLVD #303  
WEST PALM BEACH, FL. 33417

**3. Date Incorporated or Qualified** 01/27/1992  
**3a. Date of Last Report** 06/17/1994  
**4. FEI Number** 65-0306583  
 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** **2a. Mailing Address**  
**21** **26**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**  
City & State City & State  
**23** **28**  
City & State City & State  
**24** **25** **29** **30**  
Zip Country Zip Country

**9. Name and Address of Current Registered Agent**  
RAPPAPORT, DANIEL S.  
VILLAGE MEDICAL CENTER  
STRATFORD F., EAST DR.  
WEST PALM BCH. FL 33417

**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** *Daniel S. Rappaport* **4/10/95**  
(Signature, typed or printed name of registered agent and date of signature) (NOTE: Registered Agent signature required when transferring)

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	DP
<b>NAME</b>	RAPPAPORT, DANIEL S
<b>STREET ADDRESS</b>	VILLAGE MEDICAL CENTER 5405 OKEECHOBEE BLVD SUITE 303
<b>CITY, ST, ZIP</b>	WEST PALM BEACH FL 33417
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY, ST, ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY, ST, ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY, ST, ZIP</b>	

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

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY, ST, ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY, ST, ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY, ST, ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY, ST, ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY, ST, ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY, ST, ZIP</b>	

**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 110.07(3)(a), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:** *Daniel S. Rappaport* **4/10/95**  
(Signature and typed or printed name of filing officer or director)