

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 02 1996 8:00 am
Secretary of State

DOCUMENT # 523408 (3)

1. Corporation Name

JACK D. NORMAN, M.D., P.A.

Principal Place of Business

Mailing Address

1001 S. BAYSHORE DRIVE, SUITE 2504
MIAMI FL 33131

1001 S. BAYSHORE DRIVE, SUITE 2504
MIAMI FL 33131



2. Principal Place of Business
21 848 Brickell Ave
Suite, Apt. #, etc
22 Suite # 940
City & State
23 Miami FL
Zip
24 33131
Country
25 USA

2a. Mailing Address
26 848 Brickell Ave
Suite, Apt. #, etc
27 Suite # 940
City & State
28 Miami FL
Zip
29 33131
Country
30 USA

3. Date Incorporated or Qualified
02/01/1977

3a. Date of Last Report
02/10/1995

4. FEI Number
59-1718484

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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NORMAN, JACK D MD
18290 LARAMPA ST
CORAL GABLES FL 33143

10. Name and Address of New Registered Agent

81 Name
JACK D. NORMAN, MD
82 Street Address (P.O. Box Number is Not Acceptable)
8290 LA RAMPA STREET
83
84 City
CORAL GABLES FL 85 Zip Code
33143

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

Jack D. Norman, MD, PA

6-26-96

Signature and/or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	NORMAN, JACK D	1001 S BAYSHORE DR #2504	MIAMI FL	<input type="checkbox"/>
D	NORMAN, ANN S	1001 S BAYSHORE DR #2504	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	NORMAN, JACK D.	8290 LaRampa Street	Coral Gables, FL. 33143	<input type="checkbox"/>	<input type="checkbox"/>
D	NORMAN, ANN S.	8290 LaRampa Street	Coral Gables, FL. 33143	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jack D. Norman, MD, PA

6-26-96

305 358 7110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)