

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 462169 (4)

1. Corporation Name

WYLIE T. SCOTT, M.D., P.A.

Principal Place of Business

4800 N FEDERAL HWY  
FT. LAUDERDALE FLORIDA 33308

Mailing Address

4800 N FEDERAL HWY  
FT. LAUDERDALE FLORIDA 33308



3. Date Incorporated or Qualified

10/29/1974

3a. Date of Last Report

02/03/1995

4. FEI Number

59-1558765

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. 199.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUFFNER, CHARLES L  
1428 BRICKELL AVE  
MIAMI, FL  
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☐ DELETE

NAME  
PD  
SCOTT, WYLIE T.  
STREET ADDRESS  
4800 N. FEDERAL HWY.  
CITY-ST-ZIP  
FT. LAUDERDALE FL

1. 1 TITLE ☐ Change ☐ Addition

2. 1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2. 1 TITLE ☐ Change ☐ Addition

3. 1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3. 1 TITLE ☐ Change ☐ Addition

4. 1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4. 1 TITLE ☐ Change ☐ Addition

5. 1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition

6. 1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. 1 TITLE ☐ Change ☐ Addition

7. 1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

7. 1 TITLE ☐ Change ☐ Addition

8. 1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

8. 1 TITLE ☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96

305-771-0135

Date

Day/Time Phone #

CR2E034 (12/95)