

FILE NOV. FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 PM 1:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 474300 (1)

1. Corporation Name

STEPHEN A. MORRIS, O.D., AND ASSOCIATES, P.A.

Principal Place of Business

**8420 CORAL WAY
MIAMI FL 33155**

Mailing Address

**8420 CORAL WAY
MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/03/1975

3a. Date of Last Report
02/23/1994

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

County

28

Zip

County

24

25

29

30

4. FEI Number
59-1583360

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

9. Name and Address of Current Registered Agent

**PENINSULA-REGISTERED AGENTS, INC.
200 G.E. FIRST STREET (PH)
MIAMI FL 33101**

10. Name and Address of New Registered Agent

81 Name
LAWRENCE M. PLOUCHA, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)
ATKINSON, DINER, STONE, BLACK & MANKUTA, P.A.
83 **1946 TYLER STREET**
84 City
HOLLYWOOD FL 85 Zip Code
33022-2088

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 607.0503, Florida Statutes.

L M PLOUCHA

SIGNATURE

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

DATE Registered Agent signature required when registering

DATE

3/21/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORRIS, STEPHEN A.
STREET ADDRESS	8420 CORAL WAY
CITY, ST, ZIP	MIAMI FL
TITLE	ST
NAME	MORRIS, STEPHEN A.
STREET ADDRESS	8420 CORAL WAY
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE:

Stephen A. Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-95
Date

305-224-7831
Telephone Number