

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 # 480061 (1)

1. Corporation Name

S. PETER HANSEN STOKLEY, M.D., P.A.

Principal Place of Business

3104 SHIPPING AVE  
S-D  
MIAMI FL 33133

Mailing Address

3104 SHIPPING AVE  
S-D  
MIAMI FL 33133



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

25

29

30

9. Name and Address of Current Registered Agent

STOKLEY, MARION  
3104 SHIPPING AVE., SUITE D  
MIAMI FL 33133

3. Date Incorporated or Qualified  
07/07/1975

3a. Date of Last Report  
05/01/1995

4. FEI Number

59-1606255

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

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE PD  
1.2 NAME STOKLEY, MARION S  
1.3 STREET ADDRESS 3104 SHIPPING AVE, STE D  
1.4 CITY-ST-ZIP MIAMI, FL 00000

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
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22.3 STREET ADDRESS  
22.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE: *Marion S. Stokley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-96

305-444-6806

Date

Daytime Phone #

CR2E034 (12/95)