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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 492511

(1)

1. Corporation Name:

LAWRENCE E. CERINO, M.D., P.A.

Principal Place of Business

1821 N.E. 25TH STREET
LIGHTHOUSE POINT FL 33064

Mailing Address

1821 N.E. 25TH STREET
LIGHTHOUSE POINT FL 33064-7744



3. Date Incorporated or Qualified

12/15/1975

3a. Date of Last Report

04/24/1996

2. Principal Place of Business

21 1201 EAST SAMPLE ROAD

2a. Mailing Address

26 1201 EAST SAMPLE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

POMPANO BEACH FLA

27 City & State

POMPANO BEACH FLA

Zip

33064

Country

USA

Zip

33064

Country

USA

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

CERINO M.D., LAWRENCE E.
1821 N.E. 25TH STREET
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent

81 Name

CERINO M.D. LAWRENCE E.

82 Street Address (P.O. Box Number is Not Acceptable)

1201 EAST SAMPLE ROAD

83

84 City

POMPANO BEACH

FL

85 Zip Code

33064

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

LAWRENCE E. CERINO M.D. President

DATE

3/6/97

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CERINO M.D., LAWRENCE E.
STREET ADDRESS 1201 EAST SAMPLE ROAD
CITY-ST-ZIP POMPANO BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

LAWRENCE E. CERINO M.D.

3/6/97 942-4433

CR2E034 (9/96)