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 # **515061** **(0)**

1. Corporation Name

LEWIS R. ELIAS, M.D., P.A.

Principal Place of Business

10295 COLLINS AVENUE
BAL HARBOUR FL 33154

Mailing Address

10295 COLLINS AVENUE
BAL HARBOUR FL 33154

3. Date Incorporated or Qualified: **09/27/1976**

3a. Date of Last Report: **03/21/1995**

4. FEI Number: **59-1698144** ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

ELIAS, LEWIS R.
10295 COLLINS AVENUE
BAL HARBOUR FL 33154

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 Section 607.0502 and 607.1502, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **ELIAS, LEWIS R., MD**
STREET ADDRESS **255 BAL BAY DR**
CITY-ST-ZIP **BAL HARBOUR 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 TITLE ☐ Change ☐ Addition
1a NAME
1b STREET ADDRESS
1c CITY-ST-ZIP

2 TITLE ☐ Change ☐ Addition
2a NAME
2b STREET ADDRESS
2c CITY-ST-ZIP

3 TITLE ☐ Change ☐ Addition
3a NAME
3b STREET ADDRESS
3c CITY-ST-ZIP

4 TITLE ☐ Change ☐ Addition
4a NAME
4b STREET ADDRESS
4c CITY-ST-ZIP

5 TITLE ☐ Change ☐ Addition
5a NAME
5b STREET ADDRESS
5c CITY-ST-ZIP

6 TITLE ☐ Change ☐ Addition
6a NAME
6b STREET ADDRESS
6c CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is complete, accurate and 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 above, or on an attachment with an added blank.

SIGNATURE: Lewis R Elias MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lewis R Elias MD 11/22/96
Date

CR2E034 (12/95)