

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 523408

(3)

1. Corporation Name

JACK D. NORMAN, M.D., P.A.

Principal Place of Business

1001 S. BAYSHORE DRIVE, SUITE 2504
MIAMI FL 33131

Mailing Address

1001 S. BAYSHORE DRIVE, SUITE 2504
MIAMI FL 33131

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 AM 11:37

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/01/1977

3a. Date of Last Report

04/04/1994

4. FEI Number

59-1718484

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. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

JACK D NORMAN, M D PA
1001 S. BAYSHORE DRIVE, #2504
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

JACK D. NORMAN M.D.

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

18290 LARAMPA ST.

83

84 City

Corral Gables

FL

85 Zip Code

33143

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

JACK D. NORMAN, MD

JACK D. NORMAN, MD.

2/1/95

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 119.07(3)(k), Florida Statutes. I further certify that the information reflected 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JACK D. NORMAN, MD

(Signature and typed or printed name of signing officer or director)

JACK D. NORMAN M.D.

President

305.667.1224

Date

Telephone

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: _____

1b. The mailing address of the corporation is : _____

1c. Date of incorporation: _____ Document number: _____

2. The name and address of the current registered agent and office:

*Changes made
Directly on
annual report*

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or
vice chairman of the board)

(Date)

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent)

(Date)

1/10/95 CORPORATE DETAIL RECORD SCREEN 12:29 AM
NUM: 523408 ST:FL ACTIVE/FL PROFIT FLD: 02/01/1977
FEI#: 59-1718484
NAME : JACK D. NORMAN, M.D., P.A.
PRINCIPAL: 1001 S. BAYSHORE DRIVE, SUITE 2504 CHANGED: 02/22/90
ADDRESS MIAMI, FL 33131
RA NAME : JACK D. NORMAN, M.D., P.A.
RA ADDR : 1001 S. BAYSHORE DRIVE, #2504 ADDR CHG: 02/22/90
MIAMI, FL 33131 US
ANN REP : (1992) B 04/24/92 (1993) BY 04/29/93 (1994) I 04/04/94

1/10/95 OFFICER/DIRECTOR DETAIL SCREEN 12:29 AM
CORP NUMBER: 523408 CORP NAME: JACK D. NORMAN, M.D., P.A.
TITLE: PD NAME: NORMAN, JACK D
1001 S BAYSHORE DR #2504
MIAMI, FL
TITLE: D NAME: NORMAN, ANN S
1001 S BAYSHORE DR #2504
MIAMI, FL