

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 577622 (4)

1. Corporation Name

SAMUEL A. RUKAB, M.D., P.A.



Principal Place of Business

1833 BOULEVARD
SUITE 616
JACKSONVILLE FL 32206

Mailing Address

1833 BOULEVARD
SUITE 616
JACKSONVILLE FL 32206

3. Date Incorporated or Qualified
07/01/1978

3a. Date of Last Report
01/17/1995

4. FEI Number
59-1828768

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

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

RUKAB, SAMUEL A. MD
1833 BOULEVARD
SUITE 616
JACKSONVILLE FL 32206

81. Name
82. Street
83.
84. City

10. Name and Address of New Registered Agent

Sam A. Rukab, M.D.
580 W. 8th St.
Plaza One Suite 808
Jacksonville, FL 32209
Please Note - New Location

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 should be applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. NAME
2. TITLE
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. NAME
6. TITLE
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. NAME
10. TITLE
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. NAME
14. TITLE
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. NAME
18. TITLE
19. STREET ADDRESS
20. CITY-STATE-ZIP
21. NAME
22. TITLE
23. STREET ADDRESS
24. CITY-STATE-ZIP
25. NAME
26. TITLE
27. STREET ADDRESS
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29. NAME
30. TITLE
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91. STREET ADDRESS
92. CITY-STATE-ZIP
93. NAME
94. TITLE
95. STREET ADDRESS
96. CITY-STATE-ZIP
97. NAME
98. TITLE
99. STREET ADDRESS
100. CITY-STATE-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-STATE-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 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

SAM RUKAB 1-21-96 3535844

Date

Daytime Phone #

CR2E034 (12/95)