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Feb 17 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 # 582402 (4)

1. Corporation Name
FRANK J. WIERICHS, JR., M.D., P.A.

Principal Place of Business

730 THE RIALTO
VENICE FL 34285

Mailing Address

730 THE RIALTO
VENICE FL 34285-0524



3. Date Incorporated or Qualified 08/16/1978
3a. Date of Last Report 02/09/1996

4. FEI Number 59-1839433
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WIERICHS, FRANK J
730 THE RIALTO
VENICE FL 34285

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 signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D
WIERICHS, FRANK J JR MD
730 THE RIALTO
VENICE FL

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

TITLE

PD
WIERICHS, FRANK J JR MD
730 THE RIALTO
VENICE FL

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

TITLE

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

TITLE

☐ DELETE

6.5 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

6.6 NAME

6.7 STREET ADDRESS

6.8 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:

Frank J. Wierichs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97

Daytime Phone #

CR2E034 (9/96)