

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**  
95 APR 13 PM 1:48

**DOCUMENT # 594928 (4)**

1. Corporation Name  
**NEIL A. BEINHAKER, M.D., P.A.**

Principal Place of Business: **4060 C SHERIDAN ST  
HOLLYWOOD FL 33021-3560**  
Mailing Address: **4060 C SHERIDAN ST  
HOLLYWOOD FL 33021-3560**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/26/1978**  
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**

4. FEI Number: **59-1871212**  
Applied For:   
Not Applicable:

Suite, Apt. #, etc.: **22**  
27

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

City & State: **23**  
28

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25**  
Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under S. 198.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BEINHAKER, NEIL A  
4060 C SHERIDAN ST  
HOLLYWOOD FL 33021**

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 agree to, the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE: **PO**  
NAME: **BEINHAKER, NEIL A**  
STREET ADDRESS: **4060 C SHERIDAN ST.**  
CITY-ST-ZIP: **HOLLYWOOD FL**

11 TITLE:  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

21 TITLE:  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE:  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE:  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE:  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE:  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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 110.07(3)(b), 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: *Neil A. Beinhaker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/12/95* *305-982-6200*  
Date (Day/Month/Year) Telephone (Area Code) Number