

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 08 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 # 594950

(8)

Corporation Name:

VAN DEN HEUVEL, M.D., P.A.



Principal Place of Business

Mailing Address

SEACREST BLVD
N BEACH FL 33435

2848 S SEACREST BLVD
BOYNTON BCH FL 33435

3. Date Incorporated or Qualified 01/01/1979	3a. Date of Last Report 06/14/1996
4. FEI Number 59-1870406	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business

2a. Mailing Address

Apt. #, etc.

Suite, Apt. #, etc.

8. State

City & State

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VAN DEN HEUVEL, C
2848 S SEACREST BLVD
BOYNTON BCH FL

81. Name

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

83.

84. City

FL

85. Zip Code

In provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 with and accept the obligations of, Section 607.0505, Florida Statutes.

Signature, type or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	2. TITLE	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
PD VAN DEN HEUVEL, C. (VST) 2848 S SEACREST BLVD BOYNTON BCH, FL 00000	<input type="checkbox"/> DELETE	1.1 TITLE	1.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.1 TITLE	2.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.1 TITLE	3.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	7.1 TITLE	7.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	8.1 TITLE	8.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	9.1 TITLE	9.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	10.1 TITLE	10.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	11.1 TITLE	11.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	12.1 TITLE	12.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

100002137301

-04/03/97--01003--0210 Change ☐ Addition

***165.00

I 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.

NATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0506839