

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 597482 (9)

1. Corporation Name
JERRY E. ENIS, M.D., P.A.



Principal Place of Business
300 ARTHUR GODFREY ROAD
SUITE 300
MIAMI BEACH FL 33140
US

Mailing Address
RIVERSIDE STATION
P.O. BOX 351990
MIAMI FL 33135
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
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3. Date Incorporated or Qualified 12/01/1978
3a. Date of Last Report 01/30/1995
4. FEP Number 59-1864519
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

9. Name and Address of Current Registered Agent
ENIS, COLLEEN
300 ARTHUR GODFREY ROAD
SUITE 300
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent
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 of Registered Agent) _____ (Signature of Officer or Director)

12. OFFICERS AND DIRECTORS
TITLE PD
NAME ENIS, JERRY E. M.D.
STREET ADDRESS 300 ARTHUR GODFREY ROAD, SUITE 300
CITY-ST-ZIP MIAMI BEACH FL
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TITLE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
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5. TITLE
6. NAME
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96. CITY-ST-ZIP
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97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-ST-ZIP
[] Change [] Addition

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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 or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)