

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

PROFIT
CORPORATION
ANNUAL REPORT



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

1996 2-13-96 B-1033 (6) C

DOCUMENT # 600198

1. Corporation Name

GENERAL PRACTICE ASSOCIATES, P.A.



Principal Place of Business

Mailing Address

G/O MICHAEL S. DESKY
3301 JOHNSON ST
HOLLYWOOD FL 33021-5419

G/O MICHAEL S. DESKY
3301 JOHNSON ST
HOLLYWOOD FL 33021-5419

2. Principal Place of Business

21 C/O MARK LAZAR
State, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 C/O MARK LAZAR
State, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

DESKY, MICHAEL
3301 JOHNSON ST
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified
09/03/1963

3a. Date of Last Report
04/18/1995

4. FEI Number
59-1011403

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

10. Name and Address of New Registered Agent

81 Name
LAZAR, MARK
82 Street Address (P.O. Box Number is Not Acceptable)
3301 JOHNSON Street
83 City
Hollywood FL 85 Zip Code
33021

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 607.0502, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement on behalf of the corporation.

Signature of the person who is authorized to sign this statement on behalf of the corporation.

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 3. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 4. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-STATE-ZIP 5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-STATE-ZIP 9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-STATE-ZIP 13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-STATE-ZIP 17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-STATE-ZIP 21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-STATE-ZIP 25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY-STATE-ZIP 29. TITLE 30. NAME 31. STREET ADDRESS 32. CITY-STATE-ZIP 33. TITLE 34. NAME 35. STREET ADDRESS 36. CITY-STATE-ZIP 37. TITLE 38. NAME 39. STREET ADDRESS 40. CITY-STATE-ZIP 41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-STATE-ZIP 45. TITLE 46. NAME 47. STREET ADDRESS 48. CITY-STATE-ZIP 49. TITLE 50. NAME 51. STREET ADDRESS 52. CITY-STATE-ZIP 53. TITLE 54. NAME 55. STREET ADDRESS 56. CITY-STATE-ZIP 57. TITLE 58. NAME 59. STREET ADDRESS 60. CITY-STATE-ZIP 61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-STATE-ZIP 65. TITLE 66. NAME 67. STREET ADDRESS 68. CITY-STATE-ZIP 69. TITLE 70. NAME 71. STREET ADDRESS 72. CITY-STATE-ZIP 73. TITLE 74. NAME 75. STREET ADDRESS 76. CITY-STATE-ZIP 77. TITLE 78. NAME 79. STREET ADDRESS 80. CITY-STATE-ZIP 81. TITLE 82. NAME 83. STREET ADDRESS 84. CITY-STATE-ZIP 85. TITLE 86. NAME 87. STREET ADDRESS 88. CITY-STATE-ZIP 89. TITLE 90. NAME 91. STREET ADDRESS 92. CITY-STATE-ZIP 93. TITLE 94. NAME 95. STREET ADDRESS 96. CITY-STATE-ZIP 97. TITLE 98. NAME 99. STREET ADDRESS 100. CITY-STATE-ZIP

14. I further 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 any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

Signature of Person #

CR2E034 (12/95)