

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **600868**

(4)

1. Corporation Name

GROVER C. MCDANIEL, M.D., P.A.

Principal Place of Business

**4330 W BROWARD BLVD
PLANTATION FL 33317**

Mailing Address

**4330 W BROWARD BLVD
PLANTATION FL 33317-3775**

3. Date Incorporated or Qualified

03/07/1969

3a. Date of Last Report

03/06/1996

2. Principal Place of Business

21 2731 Mayan Drive

2a. Mailing Address

26 2731 Mayan Drive

4. FEI Number

59-1232465

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

22

City & State

23 Fort Lauderdale, FL

27

City & State

28 Fort Lauderdale, FL

24

Zip

33316

Country

25 Broward

29

Zip

33316

Country

30 Broward

9. Name and Address of Current Registered Agent

**MCDANIEL, GROVER C.
4330 W BROWARD BLVD
PLANTATION FL 33317**

10. Name and Address of New Registered Agent

81

Name

McDaniel, Grover C.

82

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

2731 Mayan Drive

83

84

City

Fort Lauderdale

FL

85 Zip Code
33316

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

1.1 TITLE

PD

NAME

MCDANIEL, G C

STREET ADDRESS

4330 W. BROWARD BLVD.

CITY-ST-ZIP

PLANTATION FL

1.2 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.3 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.4 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

NAME

McDaniel G C

STREET ADDRESS

2731 Mayan Drive

CITY-ST-ZIP

Fort Lauderdale, FL 33316

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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: x

Grover C. McDaniel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0277786

CR2E034 (9/96)