

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Bureau of Corporation Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 601301 (5)
1. Corporation Name
CASALE, SILVERMAN, FELD & KOTZEN, M.D., P.A.

APPROVED AND FILED
95 MAY -1 AM 9:35
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business 3537 FOREST HILL BLVD WEST PALM BEACH FL 33406 US	Mailing Address 3537 FOREST HILL BLVD WEST PALM BEACH FL 33406 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 08/19/1969	3a. Date of Last Report 05/01/1994
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1269447	Applied For Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent CASALE, WILLIAM A. 3537 FOREST HILL BLVD WEST PALM BECH FL 33406				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

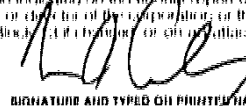
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 must be printed name of registered agent and the corporation's name. (Print Name of Registered Agent and Corporation Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME CASALE, WILLIAM A.	1. TITLE ☒ Change ☐ Addition	
STREET ADDRESS 321 FIFTEENTH STREET		12. NAME	
CITY, ST, ZIP WEST PALM BEACH FL		13. STREET ADDRESS 3537 FOREST HILL BLVD	
TITLE	NAME	14. CITY, ST, ZIP WEST PALM BEACH, FL 33406	
STREET ADDRESS		15. TITLE ☐ Change ☐ Addition	
CITY, ST, ZIP		22. NAME	
TITLE	NAME	23. STREET ADDRESS	
STREET ADDRESS		24. CITY, ST, ZIP	
CITY, ST, ZIP		25. TITLE ☐ Change ☐ Addition	
TITLE	NAME	32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE	NAME	41. TITLE ☐ Change ☐ Addition	
STREET ADDRESS		42. NAME	
CITY, ST, ZIP		43. STREET ADDRESS	
TITLE	NAME	44. CITY, ST, ZIP	
STREET ADDRESS		51. TITLE ☐ Change ☐ Addition	
CITY, ST, ZIP		52. NAME	
TITLE	NAME	53. STREET ADDRESS	
STREET ADDRESS		54. CITY, ST, ZIP	
CITY, ST, ZIP		61. TITLE ☐ Change ☐ Addition	
TITLE	NAME	62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		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 Sections 1.19.01/tpa, Florida Statutes. I further certify that the information included on this 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 of this report or on an attachment with an addition.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM A. CASALE
4/28/95 (407) 964-5154