

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 601373 (4)

1. Corporation Name

ANGELIDES, HINDS, COLL, NADLER & ROSABAL, M.D.,
PROFESSIONAL ASSOCIATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:33

Principal Place of Business

7100 WEST 20TH AVE.
SUITE 101
HIALEAH FL 33016

Mailing Address

7100 WEST 20TH AVE.
SUITE 101
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/06/1969 3a. Date of Last Report 03/21/1994

4. FEI Number 59-1272217 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

ANGELIDES, ALEXANDER C., MD
7100 WEST 20TH AVE, STE 101
HIALEAH FL 33016

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, typed or printed name of registered agent, and title if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANGELIDES, ALEXANDER C.
STREET ADDRESS	7100 W 20TH AVE
CITY - ST - ZIP	HIALEAH, FL 0
TITLE	V
NAME	HINDS, RONALD B.
STREET ADDRESS	7100 W 20TH AVE #101
CITY - ST - ZIP	HIALEAH, FL 0
TITLE	S
NAME	NADLER, STEVEN P.
STREET ADDRESS	7100 W 20TH AVE #101
CITY - ST - ZIP	HIALEAH, FL 0
TITLE	T
NAME	COLL, GEOFFREY
STREET ADDRESS	7100 W 20TH AVE
CITY - ST - ZIP	HIALEAH, FL 0
TITLE	ST
NAME	ROSABAL, ORESTES G.
STREET ADDRESS	7100 W. 20TH AVE #101
CITY - ST - ZIP	HIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief, 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 registered agent or both, and that I am duly qualified 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 on a date that is not later than the date of filing.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

1-25-95 305 -822-0401

Date (Type in Month)