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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 601558

(0)

Mailing Address

orporation Name

Principal Place of Business

ROBERT S. BORING, M.D., P.A.

2500 N E 35 LIGHTHOUSE	ith St E Point FL 33064	2500 N E 35TH ST LIGHTHOUSE POINT FL	33064		
				3. Date Incorporated or Qualified 10/17/1969	3a. Date of Last Report 02/14/1995
2. Principal Plac	ce of Business	2a. Mailing Address	٠	4. FEI Number 59-1272709	Applied For
21 3140	0-3 SABALGARDENS LN		L GARBENS LI	38-12/2/09	Not Applicable
Suite, Apt. #,		Suite, Apt. #, etc.		5. Certif-cate of Status Desired	\$8.75 Additional Fee Required
Oity & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 BOC	A RATON, FL		TON, FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24 334			30 USF	Florida Statutes Yes	7
	9. Name and Address of Current R	egistered Agent	81 Name	10. Name and Address of New R	egistered Agent
PODING	DOPEDT 6			COBERT S.	NOK ING
2550 N	6, robert s E 35th St Ouse Point 33064		82 Street Addres	ss (P.O. Box Number is Not Acceptable 5 / 40 - 3	BAL GARDENS LM
			84 City	OCA RATON	FL 85 Zip Code 37487
or registere familiar with SIGNATURE _	the provisions of Sections 607.0502 and agent, or both, in the State of Florida is, and accept the obligations of, Section	Such change was authorized 607.0505, Florida Statutes. Dorwy	by the corporation's board	d of directors. Thereby accept the appo	pose of changing its registered office on the post of changing its registered agent. I am
	ng afone, typed or profest name of register at a JAH and OFFICERS AND D		Figisters i Agest signature required   13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
12.	PD	[7] DELETE	1 1 fifte	ADDITIONS OF ANGLES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
NAME	BORING, ROBERT S		L2 NAME		
STREET ADDRESS	2550 N E 35TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIF	LIGHTHOUSE POINT FL		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	2 1 TrillE		Change Addition
NAME	MCNIERNEY, BRONSON J		2.2 NAME		
STREET ADDRESS	2323 NE 26TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		2 4 CiTy - SI - ZiF		
BILE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CiTY-ST-ZIP		Therete	3 4 C+1Y + ST + ZIF		Change Addition
TITLE		☐ DELETE	4 1 71746		
NAME AFINEST ADDRESS			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	4.4 CITY - ST - Z:P' 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEE! ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		_
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST-ZIP		
14. I do hereby certify that oath: that I	certify that the information supplied with the information indicated on this annual am an officer or director of the corporat Block 12 or Block 13 if changed, or on	report or supplemental annual on or the receiver or trustee $\epsilon$	Freport is true and accurate Empowered to execute this	e and that my signature shall have the	same legal effect as if made under 1