

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 602276 (8)**

1. Corporation Name  
**C. PATRICK BROGAN, P.A.**

Principal Place of Business      Mailing Address  
**11211 PROSPERITY FARMS RD.  
PALM BEACH GARDENS FL 33410-3446**      **11211 PROSPERITY FARMS RD.  
PALM BEACH GARDENS FL 33410-3446**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**07/28/1970**      **05/27/1994**

4. FEI Number      Applied For  
**59-1902655**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing       **\$5.00 May Be  
Trust Fund Contribution      Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21      26

22 Suite, Apt. #, etc.      27 Suite, Apt. #, etc.  
**A-103**      **A-103**

23 City & State      28 City & State

24 Zip      25 Country      29 Zip      30 Country

9. Name and Address of Current Registered Agent

**BROGAN, PATRICK C. D.D.S., M.S.  
11211 PROSPERITY FARMS RD.  
PALM BEACH GARDENS FL 33403**

10. Name and Address of New Registered Agent

81 Name

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

83 **Suite A-103**

84 City      85 Zip Code  
**FL 33410**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROGAN, C. PATRICK</b>	1. 2 NAME	
STREET ADDRESS	<b>11211 PROSPERITY A103</b>	1. 3 STREET ADDRESS	<b>11211 Prosperity Farms Rd. A103</b>
CITY - ST - ZIP	<b>PALM BCH GARDENS FL</b>	1. 4 CITY - ST - ZIP	
TITLE		2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. 2 NAME	
STREET ADDRESS		2. 3 STREET ADDRESS	
CITY - ST - ZIP		2. 4 CITY - ST - ZIP	
TITLE		3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. 2 NAME	
STREET ADDRESS		3. 3 STREET ADDRESS	
CITY - ST - ZIP		3. 4 CITY - ST - ZIP	
TITLE		4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2 NAME	
STREET ADDRESS		4. 3 STREET ADDRESS	
CITY - ST - ZIP		4. 4 CITY - ST - ZIP	
TITLE		5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2 NAME	
STREET ADDRESS		5. 3 STREET ADDRESS	
CITY - ST - ZIP		5. 4 CITY - ST - ZIP	
TITLE		6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 an attachment with an address.

SIGNATURE: *C. P. Brogan*      4-26-95      407-622-4652  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
**Dr. C. P. Brogan**