

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # 602389 (9)**

1. Corporation Name

**FAMILY MEDICAL ASSOCIATES OF BROWARD, P.A.**

Principal Place of Business

**150 NW 70 AVE  
PLANTATION FL 33317  
US**

Mailing Address

**150 NW 70 AVE  
PLANTATION FL 33317  
US**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**09/09/1970**

3a. Date of Last Report

**03/30/1995**

4. FET Number

**59-1302248**

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

10. Name and Address of New Registered Agent

**SELBST, ALLAN, M.D.  
150 NW 70TH AVE  
PLANTATION FL 33317**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>ALVAREZ, JOSE, M.D.</b>	
STREET ADDRESS	<b>150 N.W. 70TH AVE</b>	
CITY - ST - ZIP	<b>PLANTATION FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SELBST, ALLAN, M.D.</b>	
STREET ADDRESS	<b>150 N.W. 70TH AVE.</b>	
CITY - ST - ZIP	<b>PLANTATION FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>LANES, GERARDO, M.D.</b>	
STREET ADDRESS	<b>150 N.W. 70TH AVENUE</b>	
CITY - ST - ZIP	<b>PLANTATION FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>DABUL, ELIAS, M.D.</b>	
STREET ADDRESS	<b>150 NW 70TH AVE</b>	
CITY - ST - ZIP	<b>PLANTATION FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SAEZ, ROBERTO M</b>	
STREET ADDRESS	<b>150 NW 70 AVE</b>	
CITY - ST - ZIP	<b>PLANTATION FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 to this report.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)