FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 603919 (2)

1. Corporation Name
DANIEL SECKINGER, M.D. AND ASSOCIATES, P.A.

Principal Place of Business
10685 SW 88 ST. #005
P.O. BOX 557125
MIAMI FL 33176-1510

Mailing Address
10685 SW 88 ST. #005
P.O. BOX 557125
MIAMI FL 33176-1510

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1972
3a. Date of Last Report: 05/27/1994
4. FEI Number: 59-1428009 — 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 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 — Country 30

9. Name and Address of Current Registered Agent
SECKINGER, DANIEL, M.D.
2299 S.W. 27TH AVE.
MIAMI FL 33145

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 — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SECKINGER, DANIEL, M.D.
STREET ADDRESS	2299 S.W. 27TH AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	S
NAME	~~SIERRA, BENJAMIN, M.D.~~
STREET ADDRESS	~~630 ALTON RD~~
CITY-ST-ZIP	~~MIAMI BEACH FL~~
TITLE	S
NAME	Seckinger, Patricia
STREET ADDRESS	10661 S.W. 88th St.,Ste.#112
CITY-ST-ZIP	Miami, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Change ☐ Addition ☐) — blank

14. I do hereby certify that the information supplied with this filing is voluntary, complete and does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patricia Seckinger — 5-1-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0193542 CP