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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **603919** **(2)**

1. Corporation Name

**DANIEL SECKINGER, M.D. AND ASSOCIATES, P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| 10685 SW 88 ST. #005<br>P.O. BOX 557125<br>MIAMI FL 33176-1510 | 10685 SW 88 ST. #005<br>P.O. BOX 557125<br>MIAMI FL 33176-1510 |

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 10661 SW 88 St | 26 10661 SW 88 St |
| Suite, Apt. #, etc. 22 Suite 112 | Suite, Apt. #, etc. 27 Suite 112 |
| City & State 23 Miami, FL | City & State 28 Miami, FL |
| Zip 24 33176 Country 25 | Zip 29 33176 Country 30 |

3. Date Incorporated or Qualified: 11/15/1972
3a. Date of Last Report: 05/01/1995
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

**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: Daniel Seckinger, MD
82 Street Address (P.O. Box Number is Not Acceptable): 10661 SW 88th Street
83: Suite 112
84 City: Miami FL 85 Zip Code: 33176

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's signature required for filing) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>SECKINGER, DANIEL, M.D.<br>2299 S.W. 27TH AVE.<br>MIAMI FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PD<br>Seckinger Daniel MD<br>10661 SW 88th Street Suite 112<br>Miami, Fla 33176 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>SECKINGER, PATRICIA<br>10661 SW 88TH STREET, STE 112<br>MIAMI FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | S<br>Seckinger, Patricia<br>10661 SW 88th Street Suite 112<br>Miami, Florida 33176 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | |

☐ Change ☐ Addition

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)(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia Seckinger, Secretary

April 19, 1996 Date
305 596-9048 Daytime Phone #

CR2E034 (12/95)