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Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
10661 SW 88th St
SUITE 112
MIAMI FL 33176
US

Mailing Address
10661 SW 88th St
SUITE 112
MIAMI FL 33176
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/15/1972

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 5900 SW 73rd Street

2a. Mailing Address
26 5900 SW 73rd Street

Suite, Apt. #, etc.
22 Suite 208

Suite, Apt. #, etc.
27 Suite 208

City & State
23 South Miami, FL

City & State
28 South Miami, FL

Zip
24 33143

Country
25 US

9. Name and Address of Current Registered Agent
SECKINGER, DANIEL MD
10661 SW 88TH ST
SUITE 112
MIAMI FL 33176

10. Name and Address of New Registered Agent
81 Name Seckinger, Daniel MD
82 Street Address (P.O. Box Number is Not Acceptable)
5900 SW 73rd Street
83 Suite 208
84 City South Miami FL 85 Zip Code 33143

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 reinstalling) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME SECKINGER, DANIEL, M.D.
STREET ADDRESS 10661 SW 88TH ST SUITE 112
CITY-ST-ZIP MIAMI FL
TITLE S
NAME SECKINGER, PATRICIA
STREET ADDRESS 10661 SW 88TH ST SUITE 112
CITY-ST-ZIP MIAMI FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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
1.1 TITLE PD
1.2 NAME Seckinger, Daniel, M.D.
1.3 STREET ADDRESS 5900 SW 73rd Street Ste 208
1.4 CITY-ST-ZIP South Miami FL 33143
2.1 TITLE S
2.2 NAME Seckinger, Patricia
2.3 STREET ADDRESS 5900 SW 73rd Street Ste 208
2.4 CITY-ST-ZIP South Miami, FL 33143
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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: Daniel Seckinger 1-31-98 305-667-2001

CR2E034 (10/97)