

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. MATHIAS
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:49

DOCUMENT # **604637** (9)

1. Corporation Name

DAVID J. SINGER M.D., P.A.

Principal Place of Business

Mailing Address

**1460 Northeast 123rd Street
North Miami, FL 33161-6028**

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/31/1973** 3a. Date of Last Report **01/19/1994**

4. FEI Number **59-1479372** Applied For ☐ Not Applicable ☐

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

6. Election Campaign Financing ☐ **\$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

2a. Mailing Address

21 Suite Apt # etc

26 Suite Apt # etc

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHER (ARNOLD)
605 LINCOLN ROAD
MIAMI BEACH FL**

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 of Registered Agent or Secretary of State)

(DATE) (Signature of Agent accepting change when registered)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **SINGER, DAVID J MD**
STREET ADDRESS **1460 N.E. 123rd Street**
CITY, ST, ZIP **North Miami, FL 33161-6028**

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

TITLE **S**
NAME **SHELDON, JEROME J MD**
STREET ADDRESS **4300 ALTON ROAD**
CITY, ST, ZIP **MIAMI BCH FL**

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and true, not guilty for the exemption stated in Section 199.032(3)(b), Florida Statutes. I further certify that the information included on this annual report or biennial report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or insolvency administrator of the corporation, or an individual with an address as appears on Block 12 or Block 13 of this report, or an individual with an address as appears on Block 12 or Block 13 of this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

25 April 95 305 89/033/