**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:20

DOCUMENT # **623643** **(4)**

1. Corporation Name
**KWANG-JAE JOH, M.D., PROFESSIONAL ASSOCIATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 4301 N. FEDERAL HWY.<br>SUITE 4<br>POMPANO BEACH FL 33064<br>US | 4301 N. FEDERAL HWY.<br>SUITE 4<br>POMPANO BEACH FL 33064<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1979
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1909419 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| JOH, KWANG-JAE<br>4301 N. FEDERAL HWY.<br>SUITE 4<br>POMPANO BEACH FL 33064 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 new registered agent, if applicable) _____ (Name of Registered Agent typed or printed) _____ DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 11 TITLE | ☐ Change ☐ Addition |
| NAME | JOH, KWANG-JAE, M.D. | 12 NAME | |
| STREET ADDRESS | 4301 N. FEDERAL HWY. #4 | 13 STREET ADDRESS | |
| CITY ST ZIP | POMPANO BEACH FL | 14 CITY ST ZIP | |
| TITLE | T | 21 TITLE | ☐ Change ☐ Addition |
| NAME | JOH,HAUN-JA | 22 NAME | |
| STREET ADDRESS | 4301 N. FEDERAL HWY. #4 | 23 STREET ADDRESS | |
| CITY ST ZIP | POMPANO BEACH FL | 24 CITY ST ZIP | |
| TITLE | S | 31 TITLE | ☐ Change ☐ Addition |
| NAME | SACHAR, GLORIA | 32 NAME | |
| STREET ADDRESS | 1839 MIDDLE RIVER DRIVE | 33 STREET ADDRESS | |
| CITY ST ZIP | FT. LAUDERDALE FL | 34 CITY ST ZIP | |
| TITLE | S | 41 TITLE | ☐ Change ☐ Addition |
| NAME | MCKENZIE, LEETA | 42 NAME | |
| STREET ADDRESS | 243 NE 42ND STREET | 43 STREET ADDRESS | |
| CITY ST ZIP | POMPANO BEACH FL | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 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)(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 (*) before it.

**SIGNATURE:** Kwang-jae Joh, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

1-11-95 (305) 781-5300
Date Daytime Phone #

0100642 CP