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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUI	MENT # 6359						
A.D. SAMUELS, M.D., P.A.							
Principal Place of Business Mailing Address					U( 1101 8181( U E		01011 BIBII 1401
6510 N.E. 19TH AVE. FT. LAUDERDALE FL 33308		6510 N.E. 19TH AVE. FT. LAUDERDALE FL 33308		Date Incorporated or Qualified   3a. Date of Last Report			
				09/06/1979		/12/199	
	ace of Business	2a. Mailing Address		4. FET Number		<del>` '</del> -	Applied For
Suite, Apt.	# elc			59-1936073			lot Applicable
22	7, 500	27		5. Certificate of Status Desired			Additional Required
City & State	0	Orty & State	*	6. Election Campaign Financing		\$5.00	) May Be
23	Country	28	T : 200000000000000000000000000000000000	Trust Fund Contribution	<u></u>		l to Fees
Ζιρ <b>24</b>	<b>25</b>	Zip 29	Gountry 30	8. This corporation has liability for Florida Statutes	r intangible ta: s □ No	cunder s	199.032,
	9. Name and Address of Cui			10. Name and Address of New		gent	
			81 Name				
	DER, JOEL R		82 Street Ac	ldress (P.O. Box Number is Not Accepta	bie)		
	UTHEAST 11 COURT DERDALE FL 33316		83				
II DO	DENDALL I E 333 IV					· · · · · · · · · · · · · · · · · · ·	
			84 City		FL		Code
11. Pursuant t	to the provisions of Sections 607.0 and agent, or both, in the State of F	502 and 607.1508, Florida Statute	s, the above named corp	ocration submits this statement for the public and of directors. Thereby accept the app	rpose of char	nging its re	egistered office
familiar wit	th, and accept the obligations of, S	Section 607.0505, Florida Statutes.	or by the corporation a bi	own or an octors. Therapy accept the app	JOHENNONE &S I	egistereu	agent. ram
SIGNATURE	Synature, typical or priving manie, of registered a	nunct and tric it accin acce. (fs(0)	t - Flegintered Agent sign miss reco	on that are necessarily	DATE		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12 Addition
THILF	PST	☐ DELETE	1. 1 TITLE			] Change	Addition :
NAME	SAMUELS, A D		1.2 NAME				
STREET ADDRESS	6510 N.E. 19 AVE. FT LAUDERDALE FL		1.3 STHEET ADDRESS				ļi
CHY-ST-ZIP TIBLE	D DAODENDALE FL	[] DELETE	2 1 TITLE			Change	Add tion
NAMÉ	SAMUELS, A D		2.2 NAME		_	j ononge	7.60
STREET ADDRESS	6510 N.E. 19 AVE.		2.3 STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		24 CITY ST ZIP				
អាម		DELETE	3 1 TITLE			] Change	Addition
NAME Carrett Appletes			3.2 NAME				
STREET ADDRESS CITY - ST - ZIF			3.3 STREET ADDRESS				
Thit		DELETE	3.4 CHY - ST - 7IP 4.1 THEE			] Change	Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CHY-ST-ZIP			4.4 CiTY - ST - ZIP				
THE		( DELETE	5 1 THILF			] Change	☐ Addition
NAME CIOLLI ADDINAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY ST-ZIP TITLE		DELETE	5 4 CITY - ST - ZIP 6 1 THUE			] Change	Addition
NAME .			6.2 NAME		L.	j onange	- regulators
STREET ADDRESS			6 3 STHEET ACCURESS				
CITY ST-ZIP	L		6.4 CITY - ST - ZIP				
44 Leta harabi	a cost to that the information as and	And the fall of the section of the s		- <del> </del>			

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)(k), 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 order all all if then twith an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

454 -77/. 17834