

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 640849

(6)

1. Corporation Name

IAN M. REISS, M.D., P.A.



Principal Place of Business

9075 SW 87TH AVENUE
SUITE #414
MIAMI FL 33176

Mailing Address

9075 SW 87TH AVENUE
SUITE #414
MIAMI FL 33176

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

REISS, IAN M., M.D.
9075 SW 87TH AVE #414
MIAMI FL 33176

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/07/1979

3a. Date of Last Report

04/06/1995

4. FEI Number

59-1935045

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. 190.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 person authorized to execute this report

Signature of Registered Agent or other person authorized to execute this report

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD
REISS, IAN M., M.D.
9075 SW 87TH AVE
MIAMI FL

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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