

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jan 31 1996 8:00 am
Secretary of State

DOCUMENT # 650525 (9)

1. Corporation Name

DRS. MCCLERKIN AND FLINTOFF, P.A.



Principal Place of Business

Mailing Address

900 NW 13TH ST.
STE 206
BOCA RATON FL 33486
US

1800 N FEDERAL HWY #206
POMPANO BEACH FL 33062

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 900 NW 13th Street

22 City & State

27 Ste. 206
28 Boca Raton, FL

23 Zip

Country

29 Zip

Country

24

25

33486

30 USA

3. Date Incorporated or Qualified

01/01/1980

3a. Date of Last Report

01/27/1995

4. FEI Number

59-1957033

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 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

PLOUCHA, LAWRENCE M ESQ.
C/O ATKINSON, DINER, STONE, BLACK
1946 TYLER STREET
HOLLYWOOD FL 33025

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME MCCLERKIN, WILLIAM W., MD
STREET ADDRESS 1800 NO. FEDERAL HWY
CITY-ST-ZIP POMPANO BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 900 NW 13 Street
1.4 CITY-ST-ZIP Boca Raton, FL 33486

TITLE P
NAME FLINTOFF, W. MARK, MD
STREET ADDRESS 1800 NO. FEDERAL HWY
CITY-ST-ZIP POMPANO BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 900 NW 13 Street
2.4 CITY-ST-ZIP Boca Raton, FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/96 407 338 3267

CR2E034 (12/95)