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

APPROVED AND FILED

95 MAY -1 AM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **650529** **(1)**

1. Corporation Name

ROBERT J. CATANZARO, M.D., P.A.

Principal Place of Business	Mailing Address
6405 N. FEDERAL HIGHWAY SUITE 404 FT. LAUDERDALE FL 33308	6405 N. FEDERAL HIGHWAY SUITE 404 FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/08/1980**

3a. Date of Last Report: **07/06/1994**

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / County (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / County (30)

4. FEI Number: **59-1960976** ☐ 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

CATANZARO, ROBERT J., M.D.
4800 N.E. 20TH TERRACE
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: Robert J. Catanzaro, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 6405 N. Federal Highway
83: Suite 404
84 City: Ft. Lauderdale **FL** 85 Zip Code: 33308

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: _____ (Typed or printed name of registered agent and title if applicable) (New Registered Agent's signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95		
11 TITLE	PST	11 TITLE	PST	☒ Change ☐ Addition
12 NAME	CATANZARO, ROBERT J.,MD	12 NAME	Robert J. Catanzaro, M.D.	
13 STREET ADDRESS	4800 N.E. 20TH TERRACE	13 STREET ADDRESS	6405 N. Federal Highway-Suite 404	
14 CITY ST ZIP	FT.LAUDERDALE FL	14 CITY ST ZIP	Ft. Lauderdale, Fl. 33308	
21 TITLE		21 TITLE		☐ Change ☐ Addition
22 NAME		22 NAME		
23 STREET ADDRESS		23 STREET ADDRESS		
24 CITY ST ZIP		24 CITY ST ZIP		
31 TITLE		31 TITLE		☐ Change ☐ Addition
32 NAME		32 NAME		
33 STREET ADDRESS		33 STREET ADDRESS		
34 CITY ST ZIP		34 CITY ST ZIP		
41 TITLE		41 TITLE		☐ Change ☐ Addition
42 NAME		42 NAME		
43 STREET ADDRESS		43 STREET ADDRESS		
44 CITY ST ZIP		44 CITY ST ZIP		
51 TITLE		51 TITLE		☐ Change ☐ Addition
52 NAME		52 NAME		
53 STREET ADDRESS		53 STREET ADDRESS		
54 CITY ST ZIP		54 CITY ST ZIP		
61 TITLE		61 TITLE		☐ Change ☐ Addition
62 NAME		62 NAME		
63 STREET ADDRESS		63 STREET ADDRESS		
64 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 is an attachment with an addition.

SIGNATURE: _____ 4/28/95 325-771-827

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE — DAYTIME PHONE #

021595 CP