

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

DOCUMENT # 650529

(1)

1. Corporation Name

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

Principal Place of Business

6405 N. FEDERAL HIGHWAY
SUITE 404
FT. LAUDERDALE FL 33308

Mailing Address

6405 N. FEDERAL HIGHWAY
SUITE 404
FT. LAUDERDALE FL 33308



3. Date Incorporated or Qualified

01/08/1980

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1960976

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. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CATANZARO, ROBERT J. M.D.
6405 N. FEDERAL HIGHWAY
SUITE 104
FT. LAUDERDALE FL 33308

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 typed or printed name of registered agent and if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ DELETE

NAME
PST
CATANZARO, ROBERT J. M.D.
STREET ADDRESS
6405 N. FEDERAL HIGHWAY-SUITE 404
CITY-ST-ZIP
FT. LAUDERDALE FL

11 TITLE PST ☒ Change ☐ Addition

12 NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS ☐ DELETE

14 CITY-ST-ZIP

13 STREET ADDRESS ☐ Change ☐ Addition

15 CITY-ST-ZIP ☐ DELETE

16 NAME

14 CITY-ST-ZIP ☐ Change ☐ Addition

17 STREET ADDRESS ☐ DELETE

18 CITY-ST-ZIP

15 CITY-ST-ZIP ☐ Change ☐ Addition

19 NAME ☐ DELETE

20 STREET ADDRESS

16 CITY-ST-ZIP ☐ Change ☐ Addition

21 CITY-ST-ZIP ☐ DELETE

22 NAME

17 CITY-ST-ZIP ☐ Change ☐ Addition

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 registered or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 as changing or on a replacement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 771-8677

CR2E034 (12/95)