

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **674689** (5)
1. Corporation Name
DAZELLE D. SIMPSON, M.D., P.A.



Principal Place of Business
**1001 N.W. 54 ST.
SUITE C
MIAMI FL 33127**

Mailing Address
**1001 N.W. 54 ST.
SUITE C
MIAMI FL 33127**

2. Principal Place of Business
21 **3619 PERCIVAL AVENUE**
22 Suite, Apt. #, etc.
23 **MIAMI, FL.**
24 **33133** 25 **DADE**

2a. Mailing Address
26 **3619 PERCIVAL AVENUE**
27 Suite, Apt. #, etc.
28 **MIAMI, FL.**
29 **33133** 30 **DADE**

3. Date Incorporated or Qualified **07/01/1980** 3a. Date of Last Report **04/19/1995**

4. FEI Number **59-2002609** 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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**KUPERSTEIN, STANLEY H.
1110 BRICKELL AVENUE SUITE 700
MIAMI FL 33131**

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 607.0140 and 607.1508, Florida Statutes, the above named corporation's directors, hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0140, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP SIMPSON, DAZELLE D.	<input type="checkbox"/> DELETE
NAME	1001 N.W. 54 ST.	
STREET ADDRESS	MIAMI FL	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP SIMPSON, DAZELLE D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3619 PERCIVAL AVENUE	
STREET ADDRESS	MIAMI, FL. 33133	
CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), Florida Statutes. I further certify that the information included on this annual report or supplier's 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; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: *DaZelle D. Simpson M.D. P.A.* 3/25/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)