

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 # 682720 (8)

1. Corporation Name

PERRY M. DWORKIN, D.O., P.A.



Principal Place of Business

Mailing Address

% BETSY PAYNE
20145 NE 3RD COURT. #7
MIAMI FL 33179

% BETSY PAYNE
20145 NE 3RD COURT. #7
MIAMI FL 33179

3. Date Incorporated or Qualified
09/17/1980

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEL Number

59-2026308

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

DWORKIN, DR. PERRY M.
% BETSY PAYNE
20145 NE 3RD COURT #7
MIAMI FL 33179

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 or director (if applicable)

DATE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
	P DWORKIN, PERRY M.	4930 MADISON STREET	HOLLYWOOD FL	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
14				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
15				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
16				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
17				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
18				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
19				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
20				<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)(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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 (305) 653-1057
Date Decline Phone #

CR2E034 (12/95)