

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 697750 (8)

1. Corporation Name

GARY M. AKEL, O.D., P.A.



Principal Place of Business

963 LANE AVENUE
JACKSONVILLE FL 32205

Mailing Address

963 LANE AVENUE
JACKSONVILLE FL 32205

3. Date Incorporated or Qualified
08/01/1981

3a. Date of Last Report
01/20/1995

4. FEI Number
59-2110657

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

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, 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

AKEL, GARY M
953 LANE AVE SOUTH
JACKSONVILLE FL 32205

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 607.1505, 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

NAME (Registered Agent's name must be typed)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DP
AKEL, GARY M
953 LANE AVENUE SOUTH
JACKSONVILLE, FL 00000

12 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

14 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

15 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

16 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

17 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY M. AKEL

1-25-96

9047864442

CR2E034 (12/95)