

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F01339** (3)

1. Corporation Name
CARL C. AMKO, M.D., P.A.



Principal Place of Business: **412 S E 17TH ST CAUSEWAY FORT LAUDERDALE FL 33316**
Mailing Address: **412 S E 17TH ST CAUSEWAY FORT LAUDERDALE FL 33316**

3. Date Incorporated or Qualified: **10/01/1980**
3a. Date of Last Report: **01/20/1995**
4. FEI Number: **59-2928789**
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: **21 1625 SE 3 Ave**
Suite, Apt. #, etc: **22 Suite 721**
City & State: **23 Ft. Lauderdale, FL**
Zip: **24 33316** Country: **25 USA**
2a. Mailing Address: **26 1625 SE 3 Ave**
Suite, Apt. #, etc: **27 Suite 721**
City & State: **28 Ft. Lauderdale, FL**
Zip: **29 33316** Country: **30 USA**

9. Name and Address of Current Registered Agent: **AMKO, CARL C., M.D., P.A. 412 SE 17 ST CAUSEWAY FT. LAUDERDALE 33316**
10. Name and Address of New Registered Agent: **81 Name: Carl C. Amko, M.D., P.A. 82 Street Address (P.O. Box Number is Not Acceptable): 1625 SE 3 Ave 83 Suite 721 84 City: Ft. Lauderdale FL 85 Zip Code: 33316**

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: _____ DATE: _____
Signature: Typed or printed name of registered agent and block appropriate. Date: Registered Agent's personal signature and date.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PVT	<input type="checkbox"/> DELETE	1. TITLE: PVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
NAME: AMKO, CARL C		2. NAME: Amko, Carl C.	
STREET ADDRESS: 412 SE 17 ST CAUSEWAY		3. STREET ADDRESS: 1625 SE 3 Ave Suite 721	
CITY-STATE-ZIP: FORT LAUDERDALE, FL 33316		4. CITY-STATE-ZIP: Ft. Lauderdale, FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD	<input type="checkbox"/> DELETE	5. TITLE: SD	
NAME: AMKO, CARL C		6. NAME: Amko, Carl C.	
STREET ADDRESS: 412 SE 17 ST CAUSEWAY		7. STREET ADDRESS: 1625 SE 3 Ave Suite 721	
CITY-STATE-ZIP: FORT LAUDERDALE, FL 33316		8. CITY-STATE-ZIP: Ft. Lauderdale, FL 33316	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	<input type="checkbox"/> DELETE	9. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		10. NAME:	
STREET ADDRESS:		11. STREET ADDRESS:	
CITY-STATE-ZIP:		12. CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	13. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		14. NAME:	
STREET ADDRESS:		15. STREET ADDRESS:	
CITY-STATE-ZIP:		16. CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	17. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		18. NAME:	
STREET ADDRESS:		19. STREET ADDRESS:	
CITY-STATE-ZIP:		20. CITY-STATE-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)(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 if changed, or on an attachment with an address.

SIGNATURE: *Carl Amko* **CARL AMKO M.D.** **3/18/96.** **(954) 523-7408**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)