SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 16, 1994.
AMOUNT DUE ON OR BEFORE 8/16/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $470)

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 JUN 28 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F01523** **(2)**

1. Corporation Name
P. VAUGHN & J. VAUGHN, M.D.'S, P.A.

Mailing Address	Principal Place of Business
5965 PONCE DE LEON BLVD. MIAMI FL 33146-2423	5965 PONCE DE LEON BLVD. MIAMI FL 33146-2423

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1980	3a. Date of Last Report: 04/14/1993
4. FEI Number: 59-0026855	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Mailing Address	2a. Principal Place of Business
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FINK, RICHARD K. 444 BRICKELL AVE. SUITE M-130 MIAMI FL	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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ (DATE)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12.
11 TITLE	D	
12 NAME	VAUGHN, PHYLLIS PETERSEN	
13 STREET ADDRESS	5965 PONCE DE LEON BLVD	
14 CITY-ST-ZIP	CORAL GABLES FL	
21 TITLE	V/S/D	
22 NAME	VAUGHN JR., JAMES A.	
23 STREET ADDRESS	5965 PONCE DE LEON BLVD	
24 CITY-ST-ZIP	CORAL GABLES FL	
31 TITLE	P	
32 NAME	VAUGHN, JAMES A. (JR.)	
33 STREET ADDRESS	5965 PONCE DE LEON BLVD.	
34 CITY-ST-ZIP	CORAL GABLES FL	
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		JP
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is true and accurate and that my signature shall be 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 or Chapter 617, Florida Statutes; and that I have reviewed the information supplied in Block 12 or Block 13 and changed, or added any additional information with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)