

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 11 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01523 (2)

1. Corporation Name

P. VAUGHN & J. VAUGHN, M.D.'S, P.A.

Principal Place of Business

8040 BALADA STREET
CORAL GABLES FL 33156

BALADA

Mailing Address

8040 BALADA STREET
CORAL GABLES FL 33156

BALADA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/06/1980

3a. Date of Last Report

05/24/1994

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FINK, RICHARD K.
444 BRICKELL AVE.
SUITE M-130
MIAMI FL

10. Name and Address of New Registered Agent

81 Name

JAMES A VAUGHN JR.

82 Street Address (P.O. Box Number is Not Acceptable)

9340 Balada Street

83

84 City

Coral Gables, Florida 33156

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

James A Vaughn Jr.

James A Vaughn Jr.

4/4/95

Signature, typed or printed name of registered agent (for 1 application)

(For SE Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME VAUGHN, PHYLLIS PETERSEN
STREET ADDRESS 5965 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL

TITLE VSD
NAME VAUGHN JR., JAMES A.
STREET ADDRESS 5965 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL

TITLE P
NAME VAUGHN, JAMES A. (JR.)
STREET ADDRESS 5965 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

9340 Balada Street
Coral Gables, FL 33156

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

9340 Balada Street
Coral Gables, FL 33156

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

9340 Balada Street
Coral Gables, FL 33156

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

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 110.07(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 its receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

4/4/95

(305) 667-6167

Date

Telephone Number