

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F10105 (7)

1. Corporation Name

ROBERT J. SLUTZKY, M.D., P.A.



Principal Place of Business

Mailing Address

**16401 NW 2ND AVENUE
SUITE 200
N MIAMI BEACH FL 33169**

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SUITE 200
N MIAMI BEACH FL 33169**

3. Date Incorporated or Qualified
11/03/1980

3a. Date of Last Report
05/31/1995

2. Principal Place of Business

2a. Mailing Address

21 **425 HOLIDAY DRIVE**

26 **425 HOLIDAY DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

4. FEI Number
59-2051079

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

City & State

23 **HALLANDALE FL**

City & State

28 **HALLANDALE FL**

Zip

24 **33009**

Country

25 **USA**

Zip

29 **33009**

Country

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERTZ STEPHEN G
767 ARTHUR GODFREY RD
MIAMI BEACH FL 33140**

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 of principal or person in charge of registered agent and the if applicable

(If Other Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP SLUTZKY, ROBERT**
STREET ADDRESS **16401 NW 2ND AVENUE #200**
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **DP SLUTZKY, ROBERT**
1.3 STREET ADDRESS **425 HOLIDAY DRIVE**
1.4 CITY-ST-ZIP **HALLANDALE, FL 33009**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert J. Slutzky**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 1996 456-4140

CR2E034 (3/96)