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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # **F13705**

(1)

| | TH DUGA, M.D., P.A. | Mai | il ve. Address | | | | | | |
|--|--|--|--|--|--|---|--------------------------------|--------------------------------|---|
| Principal Place of Business 1500 NORTH UNIVERSITY DRIVE SUITE 100 CORAL SPRINGS FL 33071-8902 | | Mai | Mailing Address 1500 NORTH UNIVERSITY DRIVE SUITE 100 CORAL SPRINGS FL 33071-8902 | | | | | | |
| | | | | | | 3. Date incorporated or Qualified 01/01/1981 | d 3a. Date | e of Last Re 11/02/19 | |
| . Principal Pl | Principal Place of Business | | Maling Address | | | 4. FEI Number | Applied For | | |
| Suite, Apt. | #, etc | 26 | Suite, Apt. #, etc. | | | 59-2060050 | | | Not Applicable Additional |
|] | | 27 | , | | | 5. Certificate of Status Desired | | | Required |
| City & State | 9 | - · · · · · | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | | | May Be |
| Zιρ | Country | 28 | Z)p | Country | | 8. This corporation has liability for | | | 1 to Fees |
| | 25 | 29 | | 30 | | | es 🗌 No | | .00.002, |
| | 9. Name and Address of Curre | ent Regist | ered Agent | | T - N | 10. Name and Address of New | Registered | Agent | |
| DI IO | HIDTH ND | | | 81 | | | | | |
| DUGA, JUDITH, M.D. 1716 VESTAL DRIVE CORAL SPRINGS FL 33071 | | | 82 Street Add | | Street Addr | ress (P.O. Box Number is Not Accept | able) | | |
| | | | | 83 | | | . | | |
| | | | | 94 | Orty | | | 85 Z _F | Code |
| or register familiar wi | to the provisions of Sections 607,050 red agent, or both, in the State of Florth, and accept the obligations of, Sec | nida Such | Change was authori | ized by the corp | named corpor oration's boar | ration submits this statement for the p ard of directors. I hereby accept the ap | ourpose of ch opointment as | anging its ri s registered | egistered off agent. I am |
| or register | red agent, or both, in the State of Flo th, and accept the obligations of, Ser Sgratura spied order technique of regulates, ag- OFFICERS AI | olda Such obon 607.0 standing tag | Change was authori 505, Florida Statute Plante ik TORS | ized by the corp | oration's boa | rd of directors. I hereby accept the ap | DATE FFICERS AND | s registered | agent. I am |
| or register familiar wi GNATURE | red agent, or both, in the State of Flo th, and accept the obligations of, Sec Signature spired or protect matter of registers, ag- OFFICERS AI | olda Such obon 607.0 standing tag | Change was authori 505, Florida Statute | OTE Registered Ages 13. 1 1 11'LE | oration's boa | rd of directors. Thereby accept the ap | DATE FFICERS AND | s registered | agent. I am |
| or register familiar wi SNATURE SNATURE | red agent, or both, in the State of Flo th, and accept the obligations of, Ser Synther speed of the former of registers, age OFFICERS AI PVS DUGA, JUDITH M., M.D. | onder Such obon 607.0 standing tag | Change was authori 505, Florida Statute Plante ik TORS | ized by the corp is. 13. 1 1 1 1 1 1 2 NAME | oration's bload | rd of directors. Thereby accept the ap | DATE FFICERS AND | s registered | agent. I am |
| or register familiar wi GNATURE E E E E E E A E E A D D R E S A D D R S S S S S S S S S S S S S S S S S | red agent, or both, in the State of Flo th, and accept the obligations of, Sec Signature spired or protect matter of registers, ag- OFFICERS AI | onder Such obon 607.0 standing tag | Change was authori 505, Florida Statute Plante ik TORS | OTE Registered Ages 13. 1 1 11'LE | oration's bload | rd of directors. Thereby accept the ap | DATE FFICERS AND | s registered | agent. I am |
| or register familiar wi BNATURE | red agent, or both, in the State of Flo th, and accept the obligations of, Sec Stratura tried or be ted name of regulations age OFFICER'S AI PVS DUGA, JUDITH M., M.D. 1500 UNIVERSITY OR #10 | onder Such obon 607.0 standing tag | Change was authori 505, Florida Statute Plante ik TORS | The corp is the co | oration's bload | rd of directors. Thereby accept the ap | (AT: FFICERS AND | s registered | agent. I am |
| or register familiar wi BNATURE E E AE EEF ADDRESS F - ST - ZIP E AE | red agent, or both, in the State of Flo th, and accept the obligations of, Sec Stratura tried or be ted name of regulations age OFFICER'S AI PVS DUGA, JUDITH M., M.D. 1500 UNIVERSITY OR #10 | onder Such obon 607.0 standing tag | Change was authori 1505, Florida Statute (1505), Florida Statute (1507), TORS | 13. 1 1 11'LF 12 NAME 13 STREET 14 CTY - S 2 1 TITLE 22 NAME | oration's boardings and signature required to the signature required t | rd of directors. Thereby accept the ap | (AT: FFICERS AND | S registered DIRECTO Change | agent. I am |
| or register familiar wi SNATURE E EE! ADDRESS (-ST-ZIP E EE! ADDRESS | red agent, or both, in the State of Flo th, and accept the obligations of, Sec Stratura tried or be ted name of regulations age OFFICER'S AI PVS DUGA, JUDITH M., M.D. 1500 UNIVERSITY OR #10 | onder Such obon 607.0 standing tag | Change was authori 1505, Florida Statute (1505), Florida Statute (1507), TORS | 13. 1 1 1 2 NAME | oration's boards signature required ADDRESS IF-ZIP | rd of directors. Thereby accept the ap | (AT: FFICERS AND | S registered DIRECTO Change | agent. I am |
| or register familiar wi BNATURE E AE EEF ADDRESS Y-ST-ZIP E AE EEF ADDRESS Y-ST-ZIP | red agent, or both, in the State of Flo th, and accept the obligations of, Sec Stratura tried or be ted name of regulations age OFFICER'S AI PVS DUGA, JUDITH M., M.D. 1500 UNIVERSITY OR #10 | onder Such obon 607.0 standing tag | Change was authori 1505, Florida Statute (1505) Florida Statute (1507) Florida Statute (150 | 13. 1 1 11'LF 12 NAME 13 STREET 14 CTY - S 2 1 TITLE 22 NAME | oration's boards signature required ADDRESS IF-ZIP | rd of directors. Thereby accept the ap | (MT: FFICERS AND | S registered DIRECTO Change | agent. I am |
| or register familiar wi SNATURE LE ME EEF ADDRESS Y-ST-ZIP LE ME ME LEET ADDRESS Y-ST-ZIP LE | red agent, or both, in the State of Flo th, and accept the obligations of, Sec Stratura tried or be ted name of regulations age OFFICER'S AI PVS DUGA, JUDITH M., M.D. 1500 UNIVERSITY OR #10 | onder Such obon 607.0 standing tag | Change was authori 505, Florida Statute Florida Statute Florida Statute Florida Statute DELETE DELETE | 13. 1 1 11 14 12 NAME 1 3 SIREFT 2 NAME 2 2 NAME 2 3 SIREFT 2 4 CITY S | oration's boards signature required ADDRESS IF-ZIP | rd of directors. Thereby accept the ap | (MT: FFICERS AND | O DIRECTO Change | agent. I am RS IN 12 Addition Addition |
| or register familiar with fami | red agent, or both, in the State of Flo th, and accept the obligations of, Sec Stratura tried or be ted name of regulations age OFFICER'S AI PVS DUGA, JUDITH M., M.D. 1500 UNIVERSITY OR #10 | onder Such obon 607.0 standing tag | Change was authori 505, Florida Statute Florida Statute Florida Statute Florida Statute DELETE DELETE | 13. 13. 13. 13. 13. 13. 11'LF 12.NAME 13.SIREFT 14.CITY-S 2.1.TITLE 22.NAME 23.SIREFT 24.CITY.S 3.1.T.LE | ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS | rd of directors. Thereby accept the ap | (MT: FFICERS AND | O DIRECTO Change | agent. I am RS IN 12 Addition Addition |
| or register familiar with fami | red agent, or both, in the State of Flo th, and accept the obligations of, Sec Stratura tried or be ted name of regulations age OFFICER'S AI PVS DUGA, JUDITH M., M.D. 1500 UNIVERSITY OR #10 | onder Such obon 607.0 standing tag | Change was authori 505, Florida Statute Plant 6 TORS DELETE DELETE | 13. 13. 13. 13. 13. 11'LF 12.NAME 13.STREFT 14.CHY-S 2.1TIFLE 22.NAME 23.STREFT 24.CHY-S 3.1T.TLE 32.NAME 33.STREET 34.CHY-S 34.CHY-S | ADDRESS ADDRESS LADDRESS LADDRESS | rd of directors. Thereby accept the ap | (AT): FFICERS AND | O DIRECTO Change Change | Addition |
| or register familiar with SNATURE | red agent, or both, in the State of Flo th, and accept the obligations of, Sec Stratura tried or be ted name of regulations age OFFICERS AI PVS DUGA, JUDITH M., M.D. 1500 UNIVERSITY OR #10 | onder Such obon 607.0 standing tag | Change was authori 505, Florida Statute Florida Statute Florida Statute Florida Statute DELETE DELETE | 13. 13. 13. 13. 13.11'LF 12.NAME 13.STREFT 14.CHY-S 2.11TLF 22.NAME 23.STREFT 24.CHY-S 3.11TLE 32.NAME 33.STREET 34.CHY-S 4.11TLE | ADDRESS ADDRESS LADDRESS LADDRESS | rd of directors. Thereby accept the ap | (AT): FFICERS AND | O DIRECTO Change | agent. I am RS IN 12 Addition Addition |
| or register familiar with fami | red agent, or both, in the State of Flo th, and accept the obligations of, Sec Stratura tried or be ted name of regulations age OFFICERS AI PVS DUGA, JUDITH M., M.D. 1500 UNIVERSITY OR #10 | onder Such obon 607.0 standing tag | Change was authori 505, Florida Statute Plant 6 TORS DELETE DELETE | 13. 13. 13. 13. 13. 11'LF 12.NAME 13.STREFT 14.CHY-S 2.1TIFLE 22.NAME 23.STREFT 24.CHY-S 3.1T.TLE 32.NAME 33.STREET 34.CHY-S 34.CHY-S | in signation is board and appreciate of the property of the pr | rd of directors. Thereby accept the ap | (AT): FFICERS AND | O DIRECTO Change Change | Addition |
| er Address -ST-Zip -EFT ADDRESS -ST-Zip -EFT ADDRESS -ST-Zip -ST-Zip -EFT ADDRESS -ST-Zip -ST- | red agent, or both, in the State of Flo th, and accept the obligations of, Sec Stratura tried or be ted name of regulations age OFFICERS AI PVS DUGA, JUDITH M., M.D. 1500 UNIVERSITY OR #10 | onder Such obon 607.0 standing tag | Change was authorisos, Florida Statute Description | 13. 1 1 11/14 12 NAME 13 STREET 14 CHY-S 2 1 TITLE 22 NAME 23 STREET 24 CHY S 3 1 TITLE 32 NAME 33 STREET 34 CHY-S 4 1 TITLE 42 NAME | ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS | rd of directors. Thereby accept the ap | (AT): FFICERS AND | O DIRECTO Change Change | Addition |
| or register familiar with fami | red agent, or both, in the State of Flo th, and accept the obligations of, Sec Stratura tried or be ted name of regulations age OFFICERS AI PVS DUGA, JUDITH M., M.D. 1500 UNIVERSITY OR #10 | onder Such obon 607.0 standing tag | Change was authori 505, Florida Statute Plant 6 TORS DELETE DELETE | 13. 1 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS | rd of directors. Thereby accept the ap | tati: FFICERS AND | O DIRECTO Change Change | Addition |
| or register familiar with fami | red agent, or both, in the State of Flo th, and accept the obligations of, Sec Stratura tried or be ted name of regulations age OFFICERS AI PVS DUGA, JUDITH M., M.D. 1500 UNIVERSITY OR #10 | onder Such obon 607.0 standing tag | Change was authorisos, Florida Statute Description | 13. 1 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ADDRESS IT ZIP ADDRESS IT ZIP ADDRESS IT ZIP | rd of directors. Thereby accept the ap | tati: FFICERS AND | O DIRECTO Change Change Change | Additio |
| or register familiar with shature to the second of the sec | red agent, or both, in the State of Flo th, and accept the obligations of, Sec Stratura tried or be ted name of regulations age OFFICERS AI PVS DUGA, JUDITH M., M.D. 1500 UNIVERSITY OR #10 | onder Such obon 607.0 standing tag | Change was authorisos, Florida Statute Description | 13. 1 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ADDRESS T-ZIP ADDRESS | rd of directors. Thereby accept the ap | tati: FFICERS AND | O DIRECTO Change Change Change | Additio |
| or register familiar with fami | red agent, or both, in the State of Flo th, and accept the obligations of, Sec Stratura tried or be ted name of regulations age OFFICERS AI PVS DUGA, JUDITH M., M.D. 1500 UNIVERSITY OR #10 | onder Such obon 607.0 standing tag | Change was authorisos, Florida Statute Description | 13. 1 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ADDRESS T-ZIP ADDRESS | rd of directors. Thereby accept the ap | tan: FFICERS AND | O DIRECTO Change Change Change | Additio |
| or register familiar with fami | red agent, or both, in the State of Flo th, and accept the obligations of, Sec Stratura tried or be ted name of regulations age OFFICERS AI PVS DUGA, JUDITH M., M.D. 1500 UNIVERSITY OR #10 | onder Such obon 607.0 standing tag | Change was authoriseds, Florida Statute Description | 13. 1 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ADDRESS T-ZIP ADDRESS | rd of directors. Thereby accept the ap | tan: FFICERS AND | Change Change Change | Additio |
| or register familiar wi | red agent, or both, in the State of Flo th, and accept the obligations of, Sec Stratura tried or be ted name of regulations age OFFICERS AI PVS DUGA, JUDITH M., M.D. 1500 UNIVERSITY OR #10 | onder Such obon 607.0 standing tag | Change was authoriseds, Florida Statute Description | 13. 1 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | rd of directors. Thereby accept the ap | tan: FFICERS AND | Change Change Change | Additio |

Daylara, Phyticia

MALE DUE OF SIGNING OFFICER OR DIRECTOR