FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F26661** **(1)**

1. Corporation Name

BARRY SIMON, M.D., P.A.

Principal Place of Business

2161 PALM BEACH LAKES BLVD
SUITE 100
WEST PALM BEACH FL 33409

Mailing Address

2161 PALM BEACH LAKES BLVD
SUITE 100
WEST PALM BEACH FL 33409

2. Principal Place of Business
21

Street Address
22

City & State
23

Zip 24 County 25

2a. Mailing Address
26

Street Address
27

City & State
28

Zip 29 County 30

3. Date Incorporated or Qualified: **04/01/1981**

3a. Date of Last Report: **03/23/1995**

4. FEI Number: **59-2068054** ☐ 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

9. Name and Address of Current Registered Agent

SIMON, BARRY
109 QUAYSIDE DRIVE
JUPITER 33477

10. Name and Address of New Registered Agent

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 607.325 Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

DP
SIMON, BARRY
109 QUAYSIDE DRIVE
JUPITER, FL 33477

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I 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)(i), 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 added by amendment with an address.

SIGNATURE: B. Simon Barry Simon 1/16/96 407478.901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Document #

CR2E034 (12/95)