

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F28431 (7)

1. Corporation Name

JOHN J. JENNINGS, M.D., P.A.



Principal Place of Business

Mailing Address

7000 SW 62ND AVE.
#200
MIAMI FL 33143
US

7000 SW 62ND AVE.
#200
MIAMI FL 33143
US

3. Date Incorporated or Qualified

04/01/1981

3a. Date of Last Report

03/06/1995

2. Principal Place of Business

21 1150 Campo Sano Avenue

Suite, Apt. #, etc.

22 Suite 301

City & State

23 Coral Gables, Florida

Zip

24 33146

Country

25 U.S.A.

2a. Mailing Address

26 1150 CAMPO SANO AVE.

Suite, Apt. #, etc.

27 SUITE 301

City & State

28 CORAL GABLES, FLORIDA

Zip

29 33146

Country

30 U.S.A.

4. FEI Number

59-2076299

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

KUPERSTEIN, STANLEY H
1110 BRICKELL AVENUE, SUITE #700
MIAMI FL 33131

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when not a director)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME JENNINGS, JOHN J
STREET ADDRESS 1150 Campo Sano Ave.
CITY-ST-ZIP Suite 301
7000 SW 62 AVE, #200 Coral Gables, FL.
MIAMI FL 33146

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

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 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:

John J. Jennings MD 7-14-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

REGISTERED

CR2E034 (3/96)