

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F41496** (3)

1. Corporation Name

DARRYL BLINSKI, M.D., PROFESSIONAL ASSOCIATION



Principal Place of Business

**7800 SW 87TH AVE C375
MIAMI FL 33173**

Mailing Address

**7800 SW 87TH AVE C375
MIAMI FL 33173**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt., etc.

26

Suite, Apt., etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/24/1981

3a. Date of Last Report

01/26/1995

4. FEI Number

59-2136802

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

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 607.0307 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 607.0308, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Change of Registered Agent

Signature of Registered Agent or Change of Registered Agent

(Date)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.

1. NAME

2. STREET ADDRESS

3. CITY-STATE-ZIP

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY-STATE-ZIP

8. TITLE

9. NAME

10. STREET ADDRESS

11. CITY-STATE-ZIP

12. TITLE

13. NAME

14. STREET ADDRESS

15. CITY-STATE-ZIP

16. TITLE

17. NAME

18. STREET ADDRESS

19. CITY-STATE-ZIP

20. TITLE

21. NAME

22. STREET ADDRESS

23. CITY-STATE-ZIP

24. TITLE

25. NAME

26. STREET ADDRESS

27. CITY-STATE-ZIP

28. TITLE

29. NAME

30. STREET ADDRESS

31. CITY-STATE-ZIP

32. TITLE

33. NAME

34. STREET ADDRESS

35. CITY-STATE-ZIP

36. TITLE

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY-STATE-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 agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:

Darryl Blinski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 305 588 009
(Date) (Date of Filing)

CR2E034 (12/95)