

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F48864** (5)  
1. Corporation Name  
**MARK P. HINKES, D.P.M., P.A.**



Principal Place of Business Mailing Address  
**7800 SW 87 AVE #B-270 MIAMI FL 33173-0570**

3. Date Incorporated or Qualified **11/01/1981** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-2133480** 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. 190.03? Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **8720 N. KENDALL DR** 26 **8720 N. KENDALL DR**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **109.** 27 **109**  
City & State City & State  
23 **MIAMI, FL** 28 **MIAMI FL**  
Zip Country Zip Country  
24 **33176.** 25 **USA.** 29 **33176.** 30 **USA**

9. Name and Address of Current Registered Agent  
**MINKIN, MICHAEL**  
**9130 SO DADELAND BLVD**  
**STE 1705**  
**MIAMI FL 33156**

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HINKES, D M P MARK P</b>     | 1.2 NAME  |   |
| STREET ADDRESS             | <b>10301 S.W. 141 STREET</b>    | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>MIAMI, FL 00000</b>          | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PVS</b>                      | 2.2 NAME  |   |
| STREET ADDRESS             | <b>HINKES, D M P MARK P</b>     | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>10301 S.W. 141 STREET</b>    | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 3.2 NAME  |   |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                 | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 4.2 NAME  |   |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                 | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 5.2 NAME  |   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                 | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 6.2 NAME  |   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                 | 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Mark Hinkes* **MARK HINKES** *Stz&K* **305-598-0200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)