

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 # F54894 (3)

1. Corporation Name

LEDFOORD GREGORY, M.D., P.A.



Principal Place of Business

Mailing Address

150 HUNTING LODGE DR.  
MIAMI SPRINGS FL 33166  
US

150 HUNTING LODGE DR  
MIAMI FL 33166

3. Date Incorporated or Qualified

12/29/1981

3a. Date of Last Report

01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 285 N.W. 199TH STREET

26 285 N.W. 199TH STREET

4. FEI Number

59-2135987

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 210

27 SUITE 210

City & State

City & State

23 MIAMI FLORIDA

28 MIAMI FLORIDA

Zip

Country

Zip

Country

24 33169

25 USA

29 33169

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREGORY  
150 HUNTING LODGE DR  
MIAMI SPRINGS FL 33166

81 Name

ROBERT J. SOSSIN

82 Street Address (P.O. Box Number is Not Acceptable)

285 N.W. 199TH STREET, STE. 210

83

84 City

MIAMI

FL

85 Zip Code

33169

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 607.0605, Florida Statutes.

SIGNATURE:

*Robert J. Sosin*

ROBERT J. SOSSIN

MARCH 25, 1996

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME LEDFOORD, GREGORY MD  
STREET ADDRESS 150 HUNTING LODGE DR  
CITY-ST-ZIP MIAMI SPRINGS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

13428 S.W. 62 STREET, APT. J 107

1.4 CITY-ST-ZIP

MIAMI, FLORIDA 33183

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

700001793847

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\*\*\*200.00

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 if changed, or on an attachment with an address.

SIGNATURE:

*LEDFOORD GREGORY*

LEDFOORD GREGORY

4/1/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)