

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 # 665256

1. Corporation Name

PAUL J. CHWIECKO, D.P.M., P.A.

6/9/95 7:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address SAME
5770 OKEECHOBEE BLVD.
WEST PALM BCH, FL
33417-4343

2. Principal Place of Business 2a. Mailing Address
21 5770 OKEECHOBEE 26
Suite Apt # etc Suite Apt #, etc
22 City & State 27
WEST PALM BEACH, FL
Zip Country Zip Country
24 33417-4343 25 USA 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
3/19/85 6/9/95
4. FEI Number Applied For
59-2326364 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. 191.03, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Felice Stern, D.P.M.
5770 Okeechobee Blvd.
West Palm Beach, FL
33411

10. Name and Address of New Registered Agent

81 Name Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
83
84 City TALLAHASSEE FL 85 Zip Code 32301

11. Pursuant to the provisions of Sections 607.0503 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 LAURA R. DUNN, AS agent Corporation Service Company 8-9-96

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF 12
1.1 TITLE PD 1.1 TITLE PD
1.2 NAME Paul J. Chwiecko 1.2 NAME Paul J. Chwiecko
1.3 STREET ADDRESS 113 Royal Pine Circle 1.3 STREET ADDRESS 8 Katie Lane
1.4 CITY, ST, ZIP Royal Palm Bch, FL 1.4 CITY, ST, ZIP Mohnton, PA 19540
2.1 TITLE STD 2.1 TITLE STD
2.2 NAME Felice Stern 2.2 NAME Felice Stern
2.3 STREET ADDRESS 113 Royal Pine Circle 2.3 STREET ADDRESS 8 Katie Lane
2.4 CITY, ST, ZIP Royal Palm Bch, FL 2.4 CITY, ST, ZIP Mohnton, PA 19540
3.1 TITLE 3.1 TITLE
3.2 NAME 3.2 NAME
3.3 STREET ADDRESS 3.3 STREET ADDRESS
3.4 CITY, ST, ZIP 3.4 CITY, ST, ZIP
4.1 TITLE 4.1 TITLE
4.2 NAME 4.2 NAME
4.3 STREET ADDRESS 4.3 STREET ADDRESS
4.4 CITY, ST, ZIP 4.4 CITY, ST, ZIP
5.1 TITLE 5.1 TITLE
5.2 NAME 5.2 NAME
5.3 STREET ADDRESS 5.3 STREET ADDRESS
5.4 CITY, ST, ZIP 5.4 CITY, ST, ZIP
6.1 TITLE 6.1 TITLE
6.2 NAME 6.2 NAME
6.3 STREET ADDRESS 6.3 STREET ADDRESS
6.4 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 included 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: John Sec. TREAS.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/96 (610) 796-3995

CR2E034 (12/95)