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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

G68105

(7)

DOCUMENT # G68
1. Corporation Name
HENRY U. PARL, M.D., P.A.

FILED Apr 08 1996 8:00 am Secretary of State



Principal Place of								
		Mailing Address	•					
817 S UNIVERS	ISITY DR	817 S UNIVERSITY DE SUITE 106	H					
PLANTATION F	FL 33324	PLANTATION FL 3332	4		3. Date Incorporated or Qualified	3a Date	of Last Re	nort
					3. Date incorporated or Qualified		95	
2. Principal Plac	on of Business	2a, Mailing Address			4. FE! Number			pplied For
z, mincipai riac 1	SE OL DOSINESS	26			59-2339579			lot Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
2		27					- •	Required
City & State		City & State			6. Election Campaign Financing		,	May Be
3	····	28	-T		Trust Fund Contribution 8. This corporation has liability for			to Fees
Zip	Country	Zip	Country		Florida Statutes Yes	iritarigibie ta i ∏No	x onder a	135.004
4	9. Name and Address of Cu	29	[30]		10. Name and Address of New F		Agent	
	g, Name and Address of Co	ment neglatored rigon.	81	Name				
DADI ME	ENDVII (MD)		82	0	ess (P.O. Box Number is Not Acceptal	blet		
Parl, Henry U. (MD) 817 S University Dr			Street A		Miles I. Co. Flow Harmon in 1991, page 30			
\$106	INTERVITORI		83					
	TION FL 33324		84	City	,		85 Z ₁ c	Code
				'	ation submits this statement for the pure of directors. Thereby accept the app	FL	.	
SIGNIATHER	i, and accept the obligations of,	Section 607,0505, Florida Statuto	iOTE Registere ÉAge	at sign it he hoods] where the oblaining	DATE	· · · · · · · · · · · · · · · · · · ·	· · · · -
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF			
		E 1 DELETT						Addition
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14. To hereby certify that the information supplied with this find is votuntarily further bed and obes not quality by the the information indicated by 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 certify that the information indicated by 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 certify that I am an officer or director if the consortation 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 granged or on an attact ment with an addition.

SIGNATURE:

IONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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