

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G69980** (2)

1. Corporation Name

EDWARD L. WIENER, D.O., P.A.

Principal Place of Business

**21110 BISCAYNE BLVD
STE 400
AVENTURA FL 33180
US**

Mailing Address

**21110 BISCAYNE BLVD
STE 400
AVENTURA FL 33180
US**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

**WIENER, EDWARD L.
21110 BISCAYNE BLVD
STE 400
AVENTURA FL 33180**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

10/26/1983

3a. Date of Last Report

04/25/1995

4. FEI Number

59-2356406

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

SIGNATURE

Signature typed or printed name of registered agent (Block 9) (Required)

Signature typed or printed name of new registered agent (Block 10) (Required)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PVST
WIENER, EDWARD L.
21110 BISCAYNE BLVD, STE 400
AVENTURA FL**

☐ DELETE

**ST
WIENER, EDWARD
21110 BISCAYNE BLVD, STE 400
AVENTURA FL**

☐ DELETE

**ST
WIENER, EDWARD
21110 BISCAYNE BLVD, STE 400
AVENTURA FL**

☐ DELETE

**ST
WIENER, EDWARD
21110 BISCAYNE BLVD, STE 400
AVENTURA FL**

☐ DELETE

**ST
WIENER, EDWARD
21110 BISCAYNE BLVD, STE 400
AVENTURA FL**

☐ DELETE

**ST
WIENER, EDWARD
21110 BISCAYNE BLVD, STE 400
AVENTURA FL**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

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

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: **x**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD L. WIENER

4-15-96

305-9338622

Date

Day Telephone #

CR2E034 (12/95)