FILE NOW: FILING FEE AFTER MAY 1 IS $ 5.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTME STATE
Sandra B. Mu
Secretary of S
DIVISION OF CORP TIONS

DOCUMENT # **G75189** **(2)**

1. Corporation Name

STANLEY W. TENENBAUM M.D., P.A.

Principal Place of Business

189 N.W. 113TH WAY
CORAL SPRINGS FL 33071

Mailing Address

189 N.W. 113TH WAY
CORAL SPRINGS FL 33071

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 30

3. Date Incorporated or Qualified: **12/16/1983**

3a. Date of Last Report: **04/27/1995**

4. FEI Number: **59-2363994** 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

9. Name and Address of Current Registered Agent

TENENBAUM, STANLEY
189 N.W. 113TH STREET
CORAL SPRINGS FL 33071

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 607.0505 and 607.1508, Florida Statutes, the ad or registered agent, or both, in the State of Florida. Such change was authorized by the familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

named corporation submits this statement for the purpose of changing its registered office operation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	TENENBAUM, STANLEY W.	
STREET ADDRESS	189 N.W. 113TH STREET	
CITY, ST, ZIP	CORAL SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
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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

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is correct to my best knowledge and belief, 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: Stanley W. Tenenbaum MD STANLEY W. TENENBAUM MD 3/25/96 (954)755-5251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)