

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 27 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H23279**

**(3)**

1. Corporation Name

**ANTONIO COURT, M.D., P.A.**

Principal Place of Business

C/O ANTONIO COURT, M.D.  
1780 N. CONGRESS AVE. #204  
WEST PALM BEACH FL 33409

Mailing Address

C/O ANTONIO COURT, M.D.  
1780 N. CONGRESS AVE. #204  
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                                |                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>09/28/1984</b>                                                                                                         | 3a. Date of Last Report<br><b>04/18/1994</b> |
| 4. FEI Number<br><b>59-2368157</b>                                                                                                                             | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                      | <b>\$8.75</b> Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                             | <b>\$5.00</b> May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under S. 190.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                              |

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**COURT, ANTONIO, M.D.  
1780 N. CONGRESS AVE. #204  
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

|                                                       |
|-------------------------------------------------------|
| 81 Name                                               |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83                                                    |
| 84 City                                               |
| 85 Zip Code                                           |

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the filer

(NOTE: Registered Agent signature required when rechartering)

DATE

12. OFFICERS AND DIRECTORS

|                 |                         |
|-----------------|-------------------------|
| TITLE           | DP                      |
| NAME            | COURT, ANTONIO, M.D.    |
| STREET ADDRESS  | 1780 N CONGRESS AVE 204 |
| CITY - ST - ZIP | WEST PALM BEACH FL      |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, as on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 April 96

(Typed Name)