FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # **H48310** **(7)**

1. Corporation Name

DANIEL P. FRANCO, PH.D., P.A.

Principal Place of Business	Mailing Address
% DANIEL P. FRANCO 4100 S. HOSPITAL DR., SUITE 205 PLANTATION FL 33317	% DANIEL P. FRANCO 4100 S. HOSPITAL DR., SUITE 205 PLANTATION FL 33317

2. Principal Place of Business	2a. Mailing Address
21 PLANTATION	26 9633 W. BROWARD BLVD.
Suite, Apt # etc: 22 SUITE 3	Suite Apt #, etc: 27
City & State: 23 PLANTATION, FL	City & State: 28
Zip: 24 33324 / Country: 25 USA	Zip: 29 / Country: 30

3. Date Incorporated or Qualified: **03/14/1985**
3a. Date of Last Report: **01/19/1995**
4. FEI Number: **59-2503834** ☐ 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

FRANCO, DANIEL P.
10141 W. SUNRISE BLVD.
SUITE 306
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name: DANIEL P. FRANCO
82 Street Address (P.O. Box Number is Not Acceptable): 9633 W. BROWARD BLVD.
83 SUITE 3
84 City: PLANTATION FL 85 Zip Code: 33324

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] DATE 2/15/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	DR. ☑ Change ☐ Addition
NAME	FRANCO, DANIEL P.	1.2 NAME	FRANCO, DANIEL P.
STREET ADDRESS	10141 W. SUNRISE BLVD., #306	1.3 STREET ADDRESS	9633 W. BROWARD BLVD. #3
CITY-ST-ZIP	PLANTATION FL 33322	1.4 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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: [signature] DANIEL P. FRANCO 2/15/96 954-236-3738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)