

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED  
  
95 APR 25 AM 11:31  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H59088** (5)

1. Corporation Name  
**H.C. MCLOUGHLIN, M.D., P.A.**

Principal Place of Business Mailing Address  
**328 E. HILLSBORO BLVD.**  
**DEERFIELD BEACH FL 33401**  
*zip code is incorrect*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/01/1985** 3a. Date of Last Report **04/13/1994**

21	2a. Mailing Address <b>328 E. Hillsboro Blvd.</b>	26	2b. Mailing Address <b>328 E. Hillsboro Blvd.</b>	4. FEI Number <b>59-2537686</b>	Applied For Not Applicable
22	Suite, Apt #, etc	27	Suite, Apt #, etc	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State <b>Deerfield Beach, FL</b>	28	City & State <b>Deerfield Beach, FL</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	ZIP <b>33441</b> Country <b>USA</b>	29	ZIP <b>33441</b> Country <b>USA</b>	8. This corporation has liability for intangible tax under § 198.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>LAVENDER, JOEL R.</b> <b>2300 E. LAS OLAS BLVD.</b> <b>FT. LAUDERDALE FL 33301</b>				10. Name and Address of New Registered Agent			
				B1	Name <b>H.C. McLaughlin, M.D., PA</b>		
				B2	Street Address (P.O. Box Number is Not Acceptable) <b>328 E. Hillsboro Blvd.</b>		
				B3			
				B4	City <b>Deerfield Beach</b>	FL	
				B5	Zip Code <b>33441</b>		

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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: *H.C. McLaughlin* DATE: **2/14/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLOUGHLIN, H.C.	1.2 NAME	
STREET ADDRESS	328 E. HILLSBORO	1.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(4), 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: *H.C. McLaughlin* DATE: **2/14/95** (305) 527-9355