

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 11 PM 3:38

DOCUMENT # **H69036** (2)  
1. Corporation Name  
**DENNIS J. O'LEARY, D.O., P.A.**

Principal Place of Business Mailing Address  
**1380 NE MIAMI GARDENS DR. N MIAMI BCH. FL 33179**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/30/1985** 3a. Date of Last Report **03/30/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **1380 N.E. MIAMI GARDENS** 21a **SAME**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **125** 22a  
City & State City & State  
23 **N. MIAMI BEACH FL.** 23a **FL.**  
Zip Country Zip Country  
24 **33179** 24a **DADE** 24b

4. FEI Number **59-2557071** 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  
7. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**WILLIAM L. RAFFERTY, JR., ESQ. KELLY WARR**  
**201 SOUTH BISCAYNE BLVD.**  
**SUITE 2400 - MIAMI CENTER**  
**MIAMI FL 33131-9399**

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 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'LEARY, DENNIS J., D.O.</b>	1.2 NAME	
STREET ADDRESS	<b>1380 NE MIAMI GARDEN DR.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>N. MIAMI BCH FL</b>	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)(b), Florida Statutes. I further certify that the information indicated on this annual report or the reinstatement 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 (agent) or have been 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 in an addition thereto.

SIGNATURE: \_\_\_\_\_ **DENNIS J. O'LEARY, D.O., P.A.**  
SIGNATURE AND TITLE OF OFFICER OR DIRECTOR