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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H82061**

(3)

1. Corporation Name

GARRY H. WACHTEL, M.D., P.A.

Principal Place of Business

**7463 NW 4 ST
7421 N UNIVERSITY DRIVE
PLANTATION FL 33317
US**

Mailing Address

**P O BOX 15698
7421 N UNIVERSITY DRIVE
PLANTATION FL 33318
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1985

3a. Date of Last Report

05/24/1994

4. FEI Number

59-2592536

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

2. Principal Place of Business

21 7100 SW 7 ST.

2a. Mailing Address

26 PO BOX 15698

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

23 PLANTATION FL

28 PLANTATION FL

Zip Country

Zip Country

24 33317

25

29 33318

30

9. Name and Address of Current Registered Agent

**WACHTEL, GARRY H.
7100 SW 7 ST
PLANTATION FL 33317**

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PST
NAME WACHTEL, GARRY H.
STREET ADDRESS 7100 SW 7ST
CITY, ST, ZIP PLANTATION FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 registered 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARRY H. WACHTEL, M.D.

4/24/95 305-584-6086