

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H82061

(3)

1. Corporation Name

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



Principal Place of Business

7100 SW 7 ST.
7421 N. UNIVERSITY DRIVE
PLANTATION FL 33317
US

Mailing Address

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

2. Principal Place of Business

21 7100 SW 7 ST

Suite, Apt., etc.

22 City & State

23 PLANTATION FL

24 Zip 33317

25 Country USA

2a. Mailing Address

26 P.O. Box 15432

Suite, Apt., etc.

27 City & State

28 PLANTATION FL

29 Zip 33318

30 Country USA

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
10/22/1985

3a. Date of Last Report
04/28/1995

4. FCI 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

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 607.1504, 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 607.0504, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not the same as the corporation's)

Signature of New Registered Agent (if not the same as the corporation's)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-ST-ZIP	
18 TITLE	☐ Change ☐ Addition
19 NAME	
20 STREET ADDRESS	
21 CITY-ST-ZIP	
22 TITLE	☐ Change ☐ Addition
23 NAME	
24 STREET ADDRESS	
25 CITY-ST-ZIP	
26 TITLE	☐ Change ☐ Addition
27 NAME	
28 STREET ADDRESS	
29 CITY-ST-ZIP	
30 TITLE	☐ Change ☐ Addition
31 NAME	
32 STREET ADDRESS	
33 CITY-ST-ZIP	
34 TITLE	☐ Change ☐ Addition
35 NAME	
36 STREET ADDRESS	
37 CITY-ST-ZIP	
38 TITLE	☐ Change ☐ Addition
39 NAME	
40 STREET ADDRESS	
41 CITY-ST-ZIP	
42 TITLE	☐ Change ☐ Addition
43 NAME	
44 STREET ADDRESS	
45 CITY-ST-ZIP	
46 TITLE	☐ Change ☐ Addition
47 NAME	
48 STREET ADDRESS	
49 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 984 581 6082
DATE SIGNATURE

CR2E034 (12/95)