

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 10:08

DOCUMENT # J01969 (1)

1. Corporation Name

ALEXANDER CHAPLIK, M.D. & WILLIAM S. GRUSS, M.D.
P.A.

Principal Place of Business

9380 CENTRAL PARK BLVD., N. STE. 302
BOCA RATON FL 33428

Mailing Address

9380 CENTRAL PARK BLVD., N. STE. 302
BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/03/1986

3a. Date of Last Report

06/28/1994

4. FEI Number

59-2645621

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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

City & State

23

Zip

24

Country

25

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOH, E ERIK/LAVALLE, WOCHNA, RAYMOND
& RUTHERFORD
4600 NORTH OCEAN BLVD
BOYNTON BCH FL 33435

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 in printed name of registered agent and the # & 3 side

DATE Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PD
CHAPLIK, ALEXANDER, MD
8737 VIA REGINA DR.
BOCA RATON FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
GRUSS, WILLIAM S., MD
800 PARKSIDE CIRCLE N.
BOCA RATON FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information furnished on this form is true and accurate and that I am a director, officer, or shareholder of the corporation. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

SIGNATURE: ✓

SIGNATURE AND TYPED IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

407-188-1200

Telephone (Area Code)