

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

**APPROVED
AND
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95 JUL 20 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mormann Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J10006 (1)
1. Corporation Name GO AND GO, M.D., P.A.

Principal Place of Business 301 W BOYNTON BCH BLVD BOYNTON BEACH FL 33435	Mailing Address 301 W BOYNTON BCH BLVD BOYNTON BEACH FL 33435
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2. Principal Place of Business 21 State Apt # etc 22 City & State 23 City & State 24 City & State	2a. Mailing Address 25 State Apt # etc 26 City & State 27 City & State 28 City & State	3. Date Incorporated or Qualified 04/14/1986	3a. Date of Last Report 05/12/1994	4. FEI Number 59-2672759	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 is responsible for compliance with chapter 217, Florida Statutes. ☒ Yes ☐ No					

9. Name and Address of Current Registered Agent GO, KA-HOCK 301 W BOYNTON BEACH BLVD BOYNTON BEACH FL 33435	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 FL 86 Zip Code
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11. Pursuant to the provisions of Sections 217.01 and 217.02, Florida Statutes, the above named corporation submits the 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 Chapter 217, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS																																																																																																																																
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14. I, the undersigned, certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 217.01(2)(b), Florida Statutes. I further certify that the information submitted is true and correct and that any signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the officer or director responsible for making this report as required by Chapter 217, Florida Statutes, and that my name appears on Block 12 or Block 13 of this form. I am an attorney and am acting as an attorney with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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