

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J28415 (4)

1. Corporation Name

HENRY M. HAIRE, M.D., P.A.



Principal Place of Business

Mailing Address

348 MIRACLE STRIP PKWY SW
SUITE 29
FT WALTON BCH FL 32548

348 MIRACLE STRIP OKWY SW
SUITE 29
FT. WALTON BEACH FL 32548
US

3. Date Incorporated or Qualified

08/11/1986

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 996 AIRPORT RD

26 996 AIRPORT RD

4. FEI Number

59-2725795

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

22 DESTIN

27 DESTIN

City & State

City & State

23 DESTIN FL

28 DESTIN FL

Zip Country

Zip Country

24 32541

25

29 32541

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENRY M. HAIRE, M. D. P. A.
348 MIRACLE STRIP PKWY, SW
SUITE 29
FT. WALTON BEACH FL 32548

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP
PST
HAIRE, HENRY M.
789 MIRACLE STRIP PKWY.
FT. WALTON BCH. FL

12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP
PST
HAIRE, HENRY M
996 AIRPORT RD
DESTIN FL

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP
D
HAIRE, HENRY M.
789 MIRACLE STRIP PKWY.
FT. WALTON BCH. FL

22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP
D
HAIRE, HENRY M
996 AIRPORT RD
DESTIN FL

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY- ST- ZIP

34 CITY- ST- ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY- ST- ZIP

44 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY- ST- ZIP

54 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY- ST- ZIP

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 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96

Date

904 654-5992

Daytime Phone #

CR2E034 (12/95)