**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 # **J33399** **(3)**

1. Corporation Name

**DAVID L. SUGERMAN, M.D., P.A.**

Principal Place of Business

11013 BOSTON DR.
3700 WASHINGTON ST
COOPER CITY FL 33026
US

Mailing Address

11013 BOSTON DR.
3700 WASHINGTON ST
COOPER CITY FL 33026
US

3. Date Incorporated or Qualified: **09/16/1986**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **59-2723650** ☐ 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: XX Yes ☐ No

2. Principal Place of Business

21 11013 Boston Drive
Suite, Apt. #, etc.
22
City & State
23 Cooper City, Fl.
Zip 24 33026 County 25 US

2a. Mailing Address

26 11013 Boston Drive
Suite, Apt. #, etc.
27
City & State
28 Cooper City, Fl.
Zip 29 33026 County 30 US

9. Name and Address of Current Registered Agent

**SUGERMAN, DAVID L., M.D.**
**11013 BOSTON DR.**
**COOPER CITY FL 33026**

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 617.1502, 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: David L. Sugerman DATE: 4/9/96

12. OFFICERS AND/OR DIRECTORS

| | | |
|---|---|---|
| TITLE | PD | ☐ DELETE |
| NAME | SUGERMAN, DAVID L., MD | |
| STREET ADDRESS | 11013 BOSTON DR. | |
| CITY-ST-ZIP | COOPER CITY FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
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| 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

| | | |
|---|---|---|
| 11 TITLE | | ☐ Change ☐ Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | | |
| 14 CITY-ST-ZIP | | |
| 21 TITLE | | ☐ Change ☐ Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |
| 31 TITLE | | ☐ Change ☐ Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | ☐ Change ☐ Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | ☐ Change ☐ Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | ☐ Change ☐ Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 added to the report or an attachment with an address.

**SIGNATURE:** David L. Sugerman, M.D. David L. Sugerman M.D. 4/9/96 954-962-6320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #