

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY -1 AM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J37821** (2)

1. Corporation Name:
MICHAEL J. PARITZKY, D.P.M., P.A.

Principal Place of Business: **7150 W. 20 AVE. STE. 114 HIALEAH FL 33016 US**
Mailing Address: **7150 W. 20TH AVE. STE. 114 HIALEAH FL 33016 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/10/1986** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2795595** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contributor: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

22. Suite Apt. #, etc.: **22** 27. Suite Apt. #, etc.: **27**

23. City & State: **23** 28. City & State: **28**

24. Zip: **24** 25. County: **25** 29. Zip: **29** 30. County: **30**

9. Name and Address of Current Registered Agent

**PARITZKY, MICHAEL J.
955 NE 173RD STREET
N. MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ **FL** **B5** Zip Code: _____

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(4) 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.01(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

1. NAME: DPS PARITZKY, MICHAEL J.	2. STREET ADDRESS: 955 NE 173RD STREET	3. CITY, ST. ZIP: N. MIAMI BEACH FL
4. NAME: _____	5. STREET ADDRESS: _____	6. CITY, ST. ZIP: _____
7. NAME: _____	8. STREET ADDRESS: _____	9. CITY, ST. ZIP: _____
10. NAME: _____	11. STREET ADDRESS: _____	12. CITY, ST. ZIP: _____
13. NAME: _____	14. STREET ADDRESS: _____	15. CITY, ST. ZIP: _____
16. NAME: _____	17. STREET ADDRESS: _____	18. CITY, ST. ZIP: _____
19. NAME: _____	20. STREET ADDRESS: _____	21. CITY, ST. ZIP: _____
22. NAME: _____	23. STREET ADDRESS: _____	24. CITY, ST. ZIP: _____
25. NAME: _____	26. STREET ADDRESS: _____	27. CITY, ST. ZIP: _____
28. NAME: _____	29. STREET ADDRESS: _____	30. CITY, ST. ZIP: _____

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995

1. NAME: _____	2. STREET ADDRESS: _____	3. CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME: _____	5. STREET ADDRESS: _____	6. CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME: _____	8. STREET ADDRESS: _____	9. CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME: _____	11. STREET ADDRESS: _____	12. CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME: _____	14. STREET ADDRESS: _____	15. CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME: _____	17. STREET ADDRESS: _____	18. CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME: _____	20. STREET ADDRESS: _____	21. CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME: _____	23. STREET ADDRESS: _____	24. CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. NAME: _____	26. STREET ADDRESS: _____	27. CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME: _____	29. STREET ADDRESS: _____	30. CITY, ST. ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is correct, true, and complete and that I am qualified to file this report as required by Chapter 607, Florida Statutes, and that my signature shall have the same legal effect as if made under oath. This filing is made on or close to the anniversary of the removal or transfer reported to occur on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an addition with an address.

SIGNATURE: *Michael J. Paritzky* **MICHAEL J. PARITZKY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR