SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **J55097** **(6)**

1. Corporation Name
GADI GICHON, M.D., P.A.

Principal Place of Business	Mailing Address
3082 NW 60 AVENUE **SUNRISE FL 33313**	**3082 NW 60 AVENUE** **SUNRISE FL 33313**

3. Date Incorporated or Qualified: **01/29/1987**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt # etc (22) | Suite, Apt #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: **59-2783034** ☐ 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

9. Name and Address of Current Registered Agent

GICHON, GADI, M.D.
3082 NW 60TH AVENUE
SUNRISE FL 33313

10. Name and Address of New Registered Agent

81 Name: Hamid Nawaz, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 3082 NW 60th Avenue
83: ~~Sunrise FL~~
84 City: Sunrise FL **FL** 85 Zip Code: 33313

11. Pursuant to the provisions of Sections 607.0502 through 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] DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVS	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	GICHON, GADI, M.D.		1.2 NAME	Hamid Nawaz, M.D.	
STREET ADDRESS	3082 NW 60 AVENUE		1.3 STREET ADDRESS	3082 NW 60th Avenue	
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP	Sunrise FL 33313	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GICHON, GADI, M.D.		2.2 NAME		
STREET ADDRESS	3082 NW 60 AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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***225.00

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by an attachment with an address.

SIGNATURE: [signature] 6/20/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

954-741-3200
Area Code & Daytime Phone #

CR2E034 (3/96)