

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 # J56659 (2)

1. Corporation Name

JACK ALLAN KRAVITZ, M.D., P.A.



Principal Place of Business

5800 COLONIAL DRIVE
SUITE 403
MARGATE FL 33063

Mailing Address

5800 COLONIAL DR
SUITE 403
MARGATE FL 33063

2. Principal Place of Business

21 5800 COLONIAL DRIVE

2a. Mailing Address

26 c/o Gruber and Associates, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 1650 Southeast 17th Street 301

23 Zip

25 Country

28 Fort Lauderdale, FL

Zip

30 Country

24

25

29 33316-1MBK

30

3. Date Incorporated or Qualified

02/12/1987

3a. Date of Last Report

02/14/1995

4. FEI Number

59-2777047

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

FORKEY, RUSSELL L.
800 FAIRWAY DR #260
DEERFIELD BCH. FL 33441

10. Name and Address of New Registered Agent

81 Name

KRAVITZ, JACK ALLAN

82 Street Address (P.O. Box Number is Not Acceptable)

5800 COLONIAL DRIVE, SUITE 403

83

84 City

MARGATE

FL

85 Zip Code

33063

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 607.0509, Florida Statutes.

SIGNATURE

Jack Kravitz

(NOTE: Registered Agent signature required when reinstating)

02/20/96

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	KRAVITZ, JACK ALLAN	
STREET ADDRESS	5800 COLONIAL DR.	
CITY-ST-ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T/D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kravitz, Jack Allan	
1.3 STREET ADDRESS	5800 Colonial Drive, Suite #403	
1.4 CITY-ST-ZIP	Margate, FL 33063	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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:

Jack Kravitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/96

954-522-2222

CR2E034 (12/95)