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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J77571** **(4)**

1. Corporation Name

REHABILITATION MEDICINE ASSOCIATES -OSCAR B. DEPAZ, M.D., P.A.

Principal Place of Business	Mailing Address
4127 NW 27TH LANE SUITE A GAINESVILLE FL 32606 US	P O BOX 7010 ← correct ~~P O BOX 7005~~ ← incorrect GAINESVILLE FL 32605 US

3. Date Incorporated or Qualified: 06/08/1987	3a. Date of Last Report: 02/27/1995
4. FEI Number: 59-2819741	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 Street Address: 4127 NW 27 LANE	26 Street Address: P. O. Box 7010
22 Suite, Apt. #, etc.: A	27 Suite, Apt. #, etc.:
23 City & State: GAINESVILLE FL	28 City & State: GAINESVILLE F
24 Zip: 32606 25 Country: USA	29 Zip: 32605 30 Country: USA

9. Name and Address of Current Registered Agent

DEPAZ, OSCAR B. M.D.
4127 NW 27TH LANE
SUITE A
GAINESVILLE FL 32606

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 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 of president or vice president of registered agent corporation required) (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	DEPAZ, OSCAR B		12 NAME
STREET ADDRESS	4127 NW 27TH LANE, STE A		13 STREET ADDRESS
CITY-ST-ZIP	GAINESVILLE FL		14 CITY-ST-ZIP
TITLE		☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME			22 NAME
STREET ADDRESS			23 STREET ADDRESS
CITY-ST-ZIP			24 CITY-ST-ZIP
TITLE		☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME			32 NAME
STREET ADDRESS			33 STREET ADDRESS
CITY-ST-ZIP			34 CITY-ST-ZIP
TITLE		☐ DELETE	41 TITLE ☐ Change ☐ Addition
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP
TITLE		☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE		☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

CR2E034 (12/95)

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: _____ 1/23/96 9044912935

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