

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K11663** (7)

1. Corporation Name  
**LAURA L. BROGAN, P.A.**

Principal Place of Business

**540 E MCNAB RD  
STE C  
POMPANO BCH FL 33060  
US**

Mailing Address

**540 E MCNAB RD  
STE C  
POMPANO BCH FL 33060-0264  
US**



2. Principal Place of Business

21 **2691 E. Oakland Park Blvd.**

Suite, Apt. #, etc.

22 **Suite 102**

City & State

23 **FT. Lauderdale FL**

Zip

24 **33306**

Country

25 **USA**

2a. Mailing Address

26 **2691 E. Oakland Park Blvd.**

Suite, Apt. #, etc.

27 **Suite 102**

City & State

28 **FT. Lauderdale FL**

Zip

29 **33306**

Country

30 **USA**

3. Date Incorporated or Qualified

**01/12/1988**

3a. Date of Last Report

**02/26/1996**

4. FEI Number

**65-0021109**

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

**BROGAN, LAURA L.  
540 E MCNAB RD  
STE C  
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent

81 Name

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

**2691 E. Oakland Park Blvd.**

83

**Suite 102**

84 City

**FT. Lauderdale**

FL

85 Zip Code

**33306**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-11-97**

12. OFFICERS AND DIRECTORS

TITLE	<b>DPV</b>	<input type="checkbox"/> DELETE
NAME	<b>BROGAN, LAURA L.</b>	
STREET ADDRESS	<b>540 E MCNAB RD, STE C</b>	
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	

TITLE		<input type="checkbox"/> DELETE
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> DELETE
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> DELETE
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> DELETE
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> DELETE
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>2691 East Oakland Park Blvd.</b>
1.4 CITY-ST-ZIP	<b>Suite 102, FT. Lauderdale FL 33306</b>

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2.2 NAME	
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2.3 STREET ADDRESS	
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2.4 CITY-ST-ZIP	
-----------------	--

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.2 NAME	
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3.3 STREET ADDRESS	
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3.4 CITY-ST-ZIP	
-----------------	--

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.2 NAME	
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4.3 STREET ADDRESS	
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4.4 CITY-ST-ZIP	
-----------------	--

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.2 NAME	
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5.3 STREET ADDRESS	
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5.4 CITY-ST-ZIP	
-----------------	--

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.2 NAME	
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6.3 STREET ADDRESS	
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6.4 CITY-ST-ZIP	
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14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-97**

Date

**954-565-6633**

Daytime Phone #

CR2E034 (9/96)