

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K13080 (2)

1. Corporation Name

LAUDERDALE GYNECOLOGIC ASSOCIATES, P.A.

APPROVED
AND
FILED

95 APR 14 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% STRATTON N. STERGHOS
201 N.W. 82ND AVE., #104
PLANTATION FL 33324

Mailing Address

% STRATTON N. STERGHOS
201 N.W. 82ND AVE., #104
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/01/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0030777

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STERGHOS, STRATTON N.
201 N.W. 82ND AVE., #104
PLANTATION FL 33324

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 607.0501 and 607.108, 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 provisions of, Section 607.051, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of registration

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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