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 # **K69636** **(4)**

1. Corporation Name

PETER H. GACH M.D., P.A.

Principal Place of Business	Mailing Address
% PETER HARVEY GACH. M.D. 5661 N.W. 29TH ST MARGATE FL 33063	% PETER HARVEY GACH. M.D. 5661 N.W. 29TH ST MARGATE FL 33063

3. Date Incorporated or Qualified: **03/02/1989**
3a. Date of Last Report: **08/24/1995**

4. FEI Number: **65-0118506** ☐ 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
21 2825 NORTH STATE RD 7
Suite, Apt. #, etc.
22 202
City & State
23 MARGATE, FLORIDA
Zip 24 33063 Country 25 BROWARD

2a. Mailing Address
26 2825 NORTH STATE RD 7.
Suite, Apt. #, etc.
27 202
City & State
28 MARGATE, FLORIDA
Zip 29 33063 Country 30 BROWARD

9. Name and Address of Current Registered Agent

GACH, PETER HARVEY
5661 N.W. 29TH ST
MARGATE FL

10. Name and Address of New Registered Agent
81 Name: GACH, PETER HARVEY.
82 Street Address (P.O. Box Number is Not Acceptable): 2825 NORTH STATE RD 7
83 SUITE 202
84 City: MARGATE FL 85 Zip Code: 33063

11. Pursuant to the provisions of Section 607.0502 and 607.1916, 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. The 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	GACH, PETER HARVEY	
STREET ADDRESS	5661 N.W. 29TH ST	
CITY-ST-ZIP	MARGATE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	☑ Change ☐ Addition
12 NAME	GACH, PETER HARVEY	
13 STREET ADDRESS	2825 NORTH STATE RD 7.	
14 CITY-ST-ZIP	MARGATE, FLORIDA 33063	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information indicated on this report or supplemental 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 with an indication that I am an officer or director.

SIGNATURE: Peter H. Gach, MD. 3/11/96 (954) 968-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PETER H. GACH M.D.