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CORPORATION ANNUAL REPORT



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

1996

K74224

(2)

DOCUMENT # 1. Corporation Name

DR. PETER WEISSGERBER, P.A.

| Principal Place of Business Muiling Address | | | | | | | | | | | |
|--|--|--|--------------------|--|------------------------------------|---|--------------------------------|---------|----------|-------------------------------|--|
| 3000 N ORANGE AVE STE C ORLANDO FL 32804 | | 3000 N ORANGE AVE STE C ORLANDO FL 32804 | | | | | | | | | |
| US | | US | | 3. Date incorporated or Qualified 03/21/1989 | 3a. Date of Last Report 03/01/1995 | | | | | | |
| 21 | ace of Business | 2a. Mailing Address 26 | | | | 4. FEI Number 59-2945869 | | | | Applied For Not Applicable | |
| Suite, Apt a | | Suite, Apt. #, etc 27 | 7 | | | 5. Certificate of Status Desired | S8.75 Additional Fee Required | | | | |
| City & State | ······································ | 28 | -J | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | | |
| Zip 24 | Country 25 | 29 | I., 1 T T | | | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No | | | | | |
| | 9. Name and Address of Current | negistered Agent | | 81 | Name | 10. Name and Address of New F | legistere | d Agent | <u>t</u> | | |
| 201 E | L, PATRICK M. PINE STREET | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptable) | | | | | |
| SUITE Orlan | 1402 DO FL 32801 | | | 83 84 | City | | | | | Code | |
| 44 Durayant t | o the provisions of Sections 607,0502 a | 1.007.4500. 51.14. 01.14. | | 1 | , | | F | L 85 | | | |
| SIGNATURE . | h, and accept the obligations of Sections Signature typed or protest agencial OFFICERS AND | d tirk ot application (\$4) | | . نه | signitate naturn | iwho resolves: ADDITIONS/CHANGES TO OFF | DATE | ND DIRE | CTO | | |
| TITLE | DP | []] DELE!! | 1 1 111 | ILF | | 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 | 10011 | ☐ Cha | | Addition | |
| NAME | WEISSGERBER, PETER | | 1 2 NAI | ME | | | | | | | |
| STREET ADDRESS | 615 E PRINCETON ST #401 | | 13516 | ÆE! | ADDRESS | | | | | | |
| CITY-ST-ZIP TITLE | ORLANDO FL | DELETE | 14 CI! | ****** | ZIP | | | F3.0: | | | |
| NAME | | L'I perrie | 2 1 TU 2 2 NAI | | | | | Chai | nge | Addition | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | |
| CITY - \$1 - ZIP | | | 2401 | | | | | | | | |
| TITLE | | DELETE | 3 1 117 | | | | | ☐ Chai | nge | Addition | |
| NAME | | | 3.2 NA | M: | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | |
| City -St - ZiP Title | | DELETE | 34 Ci T | | - ZIF | | | ☐ Char | nne | Addition | |
| NAME | | _ occor | 4 2 NA | | | | | | nyc. | ☐ ₩000001 | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 4.4 CIT | | | | | | | | |
| TITLE | | ☐ DELETE | 5 1 7111 | | | | | ☐ Char | nge | Addition | |
| NAME | | | 5.2 NAI | | | | | | | | |
| STREET ADORESS | | | | | ADDRESS | | | | | | |
| CITY - ST - ZIP TITLE | | DELETE | 5 4 CIF | | - 218 | | | | | Till Marker | |
| NAME | | | 6 1 TH | | | | | Char | ige | Add tion | |
| STREET ADDRESS | | | 6.2 NAI 6.3 STB | | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 64 CIT | | | | | | | | |
| 14 Ldo borob | code that the information a surfice of | Ania 6 am in and at a 2 a f | | | | | | | | ···· | |

Too hereby certify that the information supplied with this fring is coluntarily 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 conjugation or the decever 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 AND TYPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR