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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L09496** **(5)**

1. Corporation Name

JACQUES N. FARKAS, M.D., P.A.

Principal Place of Business	Mailing Address
13005 SOUTHERN BLVD. SUITE 144 LOXAHATCHEE FL 33470 US	13005 SOUTHERN BLVD SUITE 144 LOXAHATCHEE FL 33470 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/15/1989**
3a. Date of Last Report: **03/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 12983 SOUTHERN BLVD	26 12983 SOUTHERN BLVD
Suite, Apt. #, etc. 22 206	Suite, Apt. #, etc. 27 206
City & State 23 LOXAHATCHEE FL	City & State 28 LOXAHATCHEE, FL
Zip 24 33470 Country 25 USA	Zip 29 33470 Country 30 USA

4. FEI Number: **65-0138598** ☐ 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

FARKAS, JACQUES N
13005 SOUTHERN BLVD.
SUITE 144
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 12983 SOUTHERN BLVD

83 SUITE 206

84 City: LOXAHATCHEE **FL** 85 Zip Code: 33470

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	FARKAS, JACQUES N.	12 NAME	
STREET ADDRESS	13005 SOUTHERN BLVD #144	13 STREET ADDRESS	12983 SOUTHERN BLVD #206
CITY-ST-ZIP	LOXAHATCHEE FL	14 CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY-ST-ZIP	

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)(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, added or deleted.

SIGNATURE: Jacques N. Farkas M.D. 4/20/95 407-790-9950

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

097A00 CP