

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L09496** (5)

1. Corporation Name  
**JACQUES N. FARKAS, M.D., P.A.**



Principal Place of Business: **12983 SOUTHERN BLVD 206 LOXAHATCHEE FL 33470 US**  
Mailing Address: **12983 SOUTHERN BLVD 206 LOXAHATCHEE FL 33470 US**

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24  
25 Country  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29  
30

3. Date Incorporated or Organized: **08/15/1989**  
3a. Date of Last Report: **05/01/1995**  
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. 193.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**FARKAS, JACQUES N  
12893 SOUTHERN BLVD  
SUITE 206  
LOXHAHTCHEE FL 33470**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code: **FL**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and the officer or director

(Initials) Registered Agent's Signature (Typed or Printed)

(Date)

12. OFFICERS AND DIRECTORS  
1. TITLE: **D**  DELETE  
2. NAME: **FARKAS, JACQUES N.**  
3. STREET ADDRESS: **13005 SOUTHERN BLVD #144**  
4. CITY-STATE-ZIP: **LOXAHATCHEE FL**  
5. TITLE:  DELETE  
6. NAME:  
7. STREET ADDRESS:  
8. CITY-STATE-ZIP:  
9. TITLE:  DELETE  
10. NAME:  
11. STREET ADDRESS:  
12. CITY-STATE-ZIP:  
13. TITLE:  DELETE  
14. NAME:  
15. STREET ADDRESS:  
16. CITY-STATE-ZIP:  
17. TITLE:  DELETE  
18. NAME:  
19. STREET ADDRESS:  
20. CITY-STATE-ZIP:  
21. TITLE:  DELETE  
22. NAME:  
23. STREET ADDRESS:  
24. CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE: **MD**  Change  Addition  
2. NAME: **JACQUES N. FARKAS**  
3. STREET ADDRESS: **12983 SOUTHERN BLVD #206**  
4. CITY-STATE-ZIP: **LOXAHATCHEE, FL 33470**  Change  Addition  
5. TITLE:  Change  Addition  
6. NAME:  
7. STREET ADDRESS:  
8. CITY-STATE-ZIP:  Change  Addition  
9. TITLE:  
10. NAME:  
11. STREET ADDRESS:  
12. CITY-STATE-ZIP:  Change  Addition  
13. TITLE:  
14. NAME:  
15. STREET ADDRESS:  
16. CITY-STATE-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)(4), 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: *Jacques N. Farkas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 407-290-7390

CR2E034 (12/95)