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**APPROVED
AND
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95 APR 25 AM 9:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L15563

(4)

1. Corporation Name

REGIONAL ASSOCIATES, INC.

Principal Place of Business

**1708 N FEDERAL HWY
LAKE WORTH FL 33460**

Mailing Address

**1708 N FEDERAL HWY
LAKE WORTH FL 33460**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/11/1989

3a. Date of Last Report

02/03/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

NOT APPLICABLE

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

**D'ANGIO, ROBERT A., JR.
218 DATURA ST
WEST PALM BEACH FL 33460**

10. Name and Address of New Registered Agent

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 607.0502 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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FEUER, DAVID D., D.D.S.
STREET ADDRESS	1708 N FEDERAL HWY
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D
NAME	ENDRUSCHAT, ALBERT J.D.D.S
STREET ADDRESS	1708 N FEDERAL HWY
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D
NAME	ADLER, MOSHE
STREET ADDRESS	1718 N FEDERAL HWY
CITY-ST-ZIP	LAKE WORTH FL
TITLE	TS
NAME	DOBER, STANLEY M.D.
STREET ADDRESS	1718 N. FEDERAL HWY.
CITY-ST-ZIP	LAKE WORTH FL
TITLE	P
NAME	MARCADIS, ISAAC M.D.
STREET ADDRESS	1718 N. FEDERAL HWY
CITY-ST-ZIP	LAKE WORTH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95

**585-0071-0
407 9687126-H**