

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 # 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

3. Date Incorporated or Qualified
09/11/1989

3a. Date of Last Report
04/25/1995

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

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

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 then applicable

NOTE: Registered Agent signature required after registration

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME FEUER, DAVID D., D.D.S.
STREET ADDRESS 1708 N FEDERAL HWY
CITY-ST-ZIP LAKE WORTH FL

TITLE D ☐ DELETE
NAME ENDRUSCHAT, ALBERT J.DDS
STREET ADDRESS 1708 N FEDERAL HWY
CITY-ST-ZIP LAKE WORTH FL

TITLE D ☐ DELETE
NAME ADLER, MOSHE
STREET ADDRESS 1718 N FEDERAL HWY
CITY-ST-ZIP LAKE WORTH FL

TITLE TS ☐ DELETE
NAME DOBER, STANLEY M.D.
STREET ADDRESS 1718 N. FEDERAL HWY.
CITY-ST-ZIP LAKE WORTH FL

TITLE P ☐ DELETE
NAME MARCADIS, ISAAC M.D.
STREET ADDRESS 1718 N. FEDERAL HWY
CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ DELETE
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 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 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

DATE

Signature Prefix #

CR2E034 (12/95)