

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L17835 (4)

1. Corporation Name

YOSEF AARON KAWEBLUM, M.D., P.A.

Principal Place of Business

% YOSEF AARON KAWEBLUM
7100 W CAMINO REAL SUITE 200
BOCA RATON FL 33433

Mailing Address

% YOSEF AARON KAWEBLUM
7100 W CAMINO REAL SUITE 200
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/21/1989

3a. Date of Last Report

04/01/1994

4. FEI Number

65-0147358

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 6909 S.W. 18TH STREET

Suite, Apt. #, etc.

22 SUITE A-202

City & State

23 BOCA RATON FL

Zip

24 33433

Country

25 PALM BEACH

2a. Mailing Address

26 6909 S.W. 18TH STREET

Suite, Apt. #, etc.

27 SUITE A-202

City & State

28 BOCA RATON FL

Zip

29 33433

Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

KAWEBLUM, YOSEF AARON
7100 W CAMINO REAL
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

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

6909 S.W. 18TH STREET

83

SUITE A-202

84

CITY BOCA RATON

FL

85

Zip Code 33433

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

KAWEBLUM, YOSEF AARON

STREET ADDRESS

7100 CAMINO REAL

CITY-ST-ZIP

BOCA RATON FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT

☒ Change ☐ Addition

1.2 NAME

KAWEBLUM, Y. AARON

1.3 STREET ADDRESS

6909 S.W. 18TH ST. STE. A-202

1.4 CITY-ST-ZIP

BOCA RATON FL 33433

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; and that my signature shall have the same legal effect as if made under oath; and that my name appears in Block 12 or Block 13 if it is not an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

FILE NUMBER