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Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L25140 (9)

1. Corporation Name
ERIC DORSKY, P.A.

Principal Place of Business

C/O ERIC DORSKY
6200 STIRLING ROAD
DAVIE FL 33314

Mailing Address

C/O ERIC DORSKY
6200 STIRLING ROAD
DAVIE FL 33314-7211



3. Date Incorporated or Qualified 10/24/1989
3a. Date of Last Report 01/23/1996

2. Principal Place of Business

21 4430 SW 64th Ave
Suite, Apt. #, etc.

22

23 Davie, FL
City & State

24 33314
Zip

25 USA
Country

2a. Mailing Address

26 4430 SW 64th Ave
Suite, Apt. #, etc.

27

28 Davie, FL
City & State

29 33314
Zip

30 USA
Country

4. FEI Number 65-0151772
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

DORSKY, ERIC
6200 STIRLING ROAD
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name Eric Dorsky
82 Street Address (P.O. Box Number is Not Acceptable) 4430 SW 64th Ave
83
84 City Davie, FL 33314 FL 85 Zip Code 33314

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 Eric Dorsky DATE 1/7/97
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPVT	<input type="checkbox"/> DELETE
NAME	DORSKY, ERIC	
STREET ADDRESS	6200 STIRLING RD.	
CITY - ST - ZIP	DAVIE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HELMA, MARIANN	
STREET ADDRESS	6200 STIRLING RD	
CITY - ST - ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4430 SW 64 th Ave
1.4 CITY - ST - ZIP	Davie, FL 33314
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mariann Helma
2.3 STREET ADDRESS	4430 SW 64 th Ave
2.4 CITY - ST - ZIP	Davie FL 33314
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, or on an attachment with an address.

SIGNATURE: Eric Dorsky DATE 1/7/97 954-887-3054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)