

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 # **L43753**

(7)

1. Corporation Name

SCOTT J. SEIDNER, M.D., P.A.



Principal Place of Business

Mailing Address

**1000 S OLD DIXIE HWY. #203
11780 U.S. HIGHWAY ONE, SUITE 300
JUPITER FL 33458**

**1000 S OLD DIXIE HWY. #203
11780 U.S. HIGHWAY ONE, SUITE 300
JUPITER FL 33458**

3. Date Incorporated or Qualified

01/09/1990

3a. Date of Last Report

03/10/1995

2. Principal Place of Business

2a. Mailing Address

21 1000 S. Old Dixie Hwy. 203
Suite, Apt. #, etc.

26 1000 S. Old Dixie Hwy 203
Suite, Apt. #, etc.

22 Jupiter, FL 33458
City & State

27 Jupiter, FL 33458
City & State

23
Zip Country

28
Zip Country

24
Zip Country

29
Zip Country

9. Name and Address of Current Registered Agent

4. FEI Number

65-0168415

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

10. Name and Address of New Registered Agent

**FHS CORPORATE SERVICES, INC.
11780 US HWY ONE, SUITE 300
SUITE 300
NORTH PALM BEACH FL 33408**

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 officer 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 provisions of, the Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DPT SEIDNER, SCOTT J.**
STREET ADDRESS **1000 S OLD DIXIE HWY**
CITY-ST-ZIP **JUPITER FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S SEIDNER, SCOTT J.**
STREET ADDRESS **1000 S OLD DIXIE HWY**
CITY-ST-ZIP **JUPITER FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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

Daytime Phone #

4-5-96 407-743-8700

CR2E034 (12/95)