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Mar 05 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 # L51589

(4)

1. Corporation Name

JULIAN ABICH, M.D. INC.

Principal Place of Business

9817 W. SAMPLE RD
CORAL SPRINGS FL 33065-4005

Mailing Address

9817 W. SAMPLE RD
CORAL SPRINGS FL 33065-4005



3. Date Incorporated or Qualified

02/21/1990

3a. Date of Last Report

02/07/1996

4. FEI Number

65-0171626

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 7800 N. UNIVERSITY DR

2a. Mailing Address

26 7800 N. UNIVERSITY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 102

27 Suite 102

City & State

City & State

23 TAMARAC FL

28 TAMARAC FL

Zip

Country

Zip

Country

24 33321

25 U.S.A.

29 33321

30 USA

9. Name and Address of Current Registered Agent

ABICH, JULIAN
9817 W. SAMPLE RD
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name

JULIAN ABICH

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

7800 N. UNIVERSITY SUITE 102

83

84 City

TAMARAC

FL

85 Zip Code

33321

11. Pursuant to the provisions of Sections 607.0502 and 607.4008, 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 reinstalling)

DATE

2/25/97

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ABICH, JULIAN
STREET ADDRESS 6931 NW 61ST AVE
CITY-ST-ZIP CORAL SPRINGS FL

TITLE S ☐ DELETE

NAME ABICH, TERESA
STREET ADDRESS 6931 NW 61ST AVE
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/97

720-0900

CR2E034 (9/96)