# 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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L75214** **(1)**

1. Corporation Name
**CHARLES L. BYRD, M.D., P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4850 W OAKLAND PARK BLVD<br>STE - 200<br>LANDERDALE LAKES FL 33313<br>US | 4850 W OAKLAND PARK BLVD<br>STE - 200<br>LANDERDALE LAKES FL 33313<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1990
3a. Date of Last Report: 05/01/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1777 S. ANDREWS AVENUE | 26 1777 S ANDREWS AVENUE |
| Suite, Apt. #, etc<br>22 SUITE 301 | Suite, Apt. #, etc<br>27 SUITE 301 |
| City & State<br>23 FORT LAUDERDALE, FL | City & State<br>28 FORT LAUDERDALE, FL |
| Zip / Country<br>24 33316 / 25 USA | Zip / Country<br>29 33316 / 30 USA |

4. FEI Number: 65-0194676 ☐ 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 § 199.032, *Florida Statutes* ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| SERNS, DAVID R.<br>2040 N.E. 163RD STREET<br>NORTH MIAMI BEACH FL 33162 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 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: _____ (Typed or Printed Name of Registered Agent and Title if Applicable) (Registered Agent Signature Required When Mandated) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | P | 11 TITLE | P | ☑ Change ☐ Addition |
| NAME | BYRD, CHARLES L. | 12 NAME | BYRD, CHARLES L. | |
| STREET ADDRESS | 4850 W. OAKLAND PARK BLVD. #200 | 13 STREET ADDRESS | 1777 S. ANDREWS AVENUE #301 | |
| CITY ST ZIP | FT. LAUDERDALE LAKES FL | 14 CITY ST ZIP | FORT LAUDERDALE, FL 33316 | |
| TITLE | | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | | 22 NAME | | |
| STREET ADDRESS | | 23 STREET ADDRESS | | |
| CITY ST ZIP | | 24 CITY ST ZIP | | |
| TITLE | | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | 32 NAME | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | |
| CITY ST ZIP | | 34 CITY ST ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY ST ZIP | | 44 CITY ST ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 CITY ST ZIP | | |

14. I do hereby certify that the information supplied with this filing, voluntarily furnished, and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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, added, or deleted.

**SIGNATURE:** _____ 5/1/95 305-763-5705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0232604 CP