

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L92472** (4)

1. Corporation Name

DAUGHTRY, EASTRIDGE & KATONA, M.D., P.A.



Principal Place of Business

**3345 BURNS RD
SUITE 105
PALM BEACH GARDENS FL 33410**

Mailing Address

**3345 BURNS RD
SUITE 105
PALM BEACH GARDENS FL 33410**

3. Date Incorporated or Qualified
08/07/1990

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

65-0223262

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

**NOWICKI, MARK J.
1155 U.S. HIGHWAY ONE
SUITE 302
JUNO BEACH FL**

10. Name and Address of New Registered Agent

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 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

(Sign in ink, typed or printed name of Registered Agent and date to apply.)

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	☐ DELETE
NAME	EASTRIDGE, ROBERT M.D.	
STREET ADDRESS	3345 BURNS RD #105	
CITY-ST-ZIP	PALM BEACH GRDNS FL	
TITLE	TD	☐ DELETE
NAME	DAUGHTRY, JAMES M.D.	
STREET ADDRESS	3345 BURNS RD #105	
CITY-ST-ZIP	PALM BEACH GRDNS FL	
TITLE	SD	☐ DELETE
NAME	KATONA, JOHN M.D.	
STREET ADDRESS	3345 BURNS RD #105	
CITY-ST-ZIP	PALM BEACH GRDNS FL	
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	Secretary/ Director	☒ 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	President/ Director	☒ 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 or a shareholder 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:

John P. Katona, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)