

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 4:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L93791** (6)

1. Corporation Name  
**FLORIDA MEDICAL GROUP OF COOPER CITY, INC.**

Principal Place of Business Mailing Address  
**5856 FLAMINGO ROAD COOPER CITY FL 33330**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/15/1990</b>	3a. Date of Last Report <b>04/20/1994</b>
4. FEI Number <b>65-0212292</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under 217.042 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. # etc.	26. Suite, Apt. # etc.
23. City & State	27. City & State
24. Country	28. Country

9. Name and Address of Current Registered Agent

**DOUGLAS, DAVID W.  
5856 FLAMINGO ROAD  
COOPER CITY FL 33330**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State <b>FL</b>
85. Zip Code

11. Pursuant to the provisions of Sections 607.002 and 607.1505, 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, hereby accepting the appointment as registered agent. I am fully aware and accept the obligations of Section 607.005, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

12.1	<b>P</b>	<b>DOUGLAS, DAVID</b>
12.2		<b>5856 FLAMINGO ROAD</b>
12.3		<b>COOPER CITY FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and deemed reliable, for the purposes stated in Section 139.02(6), Florida Statutes. I further certify that the information is correct on this annual report or supplementary annual report as 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 this corporation. The undersigned hereby represents to cause this report as required by Chapter 139, Florida Statutes, and that my name appears in Block 12, Block 13 or Block 14 of this report or any attached report with an address.

SIGNATURE: *David W. David* **DOUGLAS W. David, DO** 4/29/95 (305) 680-1800