

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M10181** (9)

1. Corporation Name

PERRY SAUL, D.C., P.A.

Principal Place of Business

**8900 SW 117 AVENUE
STE C-204
MIAMI FL 33186
US**

Mailing Address

**8900 SW 117TH AVE
C-204
MIAMI FL 33186
US**



3. Date Incorporated or Qualified

01/17/1985

3a. Date of Last Report

03/28/1995

4. FEI Number

59-2480681

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAUL, PERRY
8900 SW 117TH AVE
SUITE C-204
MIAMI FL 33186**

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 607.1505, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person authorized to register change and the corporation

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

SAUL, PERRY

STREET ADDRESS

8900 SW 117TH AVE

CITY-STATE-ZIP

MIAMI FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

☐ Change

☐ Addition

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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 supplement 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 registered agent; and that I am authorized 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 change.

SIGNATURE: **X**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/22/96

Daytime Phone #

CR2E034 (12/95)