

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:32

DOCUMENT # **M24959**

(2)

1. Corporation Name

MATTHEW K.J. LIM, M.D., P.A.

Principal Place of Business

**150 NW 70 AVE. STE 10
PLANTATION FL 33317
US**

Mailing Address

**150 NW 70 AVE. STE 10
PLANTATION FL 33317
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1985

3a. Date of Last Report

02/01/1994

4. FEI Number

37-1048881

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SCHWIND, GEORGE
1455 HOLLYWOOD BLVD.
SUITE 101
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers 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

(Signature typed or printed name of registered agent and the filer, if not)

(Signature typed or printed name of registered agent and the filer, if not)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PD
LIM, MATTHEW K.J. M.D.
150 NW 70 AVE, #10
PLANTATION FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY, ST, ZIP

☐ Change ☐ Addition

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP

☐ Change ☐ Addition

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY, ST, ZIP

☐ Change ☐ Addition

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP

☐ Change ☐ Addition

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the provisions stated in Sections 130.01, 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 liquidator empowered to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Matthew K.J. Lim

MATTHEW K.J. LIM, M.D.

1-10-95

305/582-8307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR