

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M48809**

(1)

1. Corporation Name

SARAH LEA TOBOCMAN, P.A.



Principal Place of Business

**2600 DOUGLAS ROAD SUITE #305
CORAL GABLES FL 33134**

Mailing Address

**2600 DOUGLAS ROAD SUITE #305
CORAL GABLES FL 33134**

2. Principal Place of Business

21 1401 Brickell Avenue

Suite, Apt. #, etc.

22 Suite 500

City & State

23 Miami, Florida

Zip

24 33131

Country

25 U.S.A.

2a. Mailing Address

26 1401 Brickell Avenue

Suite, Apt. #, etc.

27 Suite 500

City & State

28 Miami, Florida

Zip

29 33131

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**TOBOCMAN, SARAH LEA
2600 DOUGLAS ROAD SUITE #305
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

03/20/1987

3a. Date of Last Report

03/03/1995

4. FEI Number

59-2781635

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. 199.042,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1401 Brickell Avenue

83

Suite 500

84

Miami,

**FL 85 Zip Code
33131**

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, Sections 607.0505, Florida Statutes.

SIGNATURE

[Signature]

DATE

4/25/96

12. OFFICERS AND DIRECTORS

☐ DELETE

**PDV
TOBOCMAN, SARAH LEA
839 CATALONIA AVE.
CORAL GABLES FL**

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13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 371-2054

CR2E034 (12/95)