

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 25 1996 8:00 am  
Secretary of State

DOCUMENT # **M76850** (0)

1. Corporation Name

**DRS. MICHELSON, MICHELSON, COLLINS & ANSPACH, P.  
A.**

Principal Place of Business

**C/O JEFFREY A. MICHELSON  
1027 E OCEAN BLVD  
STUART FL 34996**

Mailing Address

**C/O JEFFREY A. MICHELSON  
1027 E OCEAN BLVD  
STUART FL 34996**



2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc

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City & State

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Zip

Country

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30

3. Date Incorporated or Qualified

**04/18/1988**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0043964**

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

**MICHELSON, JEFFREY  
1027 E OCEAN BLVD  
STUART FL 34996**

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

*Jeffrey A. Michelson*

**JEFFREY A. MICHELSON, M.D.**

**4/18/96**

12. OFFICERS AND DIRECTORS

TITLE

PO

☐ DELETE

NAME

**MICHELSON, JEFFREY A.  
1027 EAST OCEAN BLVD  
STUART FL**

STREET ADDRESS

CITY- ST- ZIP

TITLE

D

☐ DELETE

NAME

**MICHELSON, MELINDA  
1027 EAST OCEAN BLVD  
STUART FL**

STREET ADDRESS

CITY- ST- ZIP

TITLE

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CITY- ST- ZIP

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

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