

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11882 (0)
1. Corporation Name
CENTRAL PARKWAY PROFESSIONAL ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 3760 BOCA RATON FL 33427 P.O. BOX 3760 BOCA RATON FL 33427

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/04/1985** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0085431** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
**HAHAMOVITCH, HARRY H.
1160 S ROGER CIRCLE
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAHAMOVITCH, HARRY	1.2 NAME	T
STREET ADDRESS	1160 S ROGERS CIRCLE	1.3 STREET ADDRESS	UNGAR, NANCY
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	1160 S. ROGERS CIRCLE BOCA RATON, FL 33487
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHAMOVITCH, DIANNE	2.2 NAME	
STREET ADDRESS	1160 S ROGERS CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEISERMAN, ROBERT	3.2 NAME	
STREET ADDRESS	1160 S ROGERS CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISDOM, DONALD	4.2 NAME	D
STREET ADDRESS	851 CENTRAL PARKWAY	4.3 STREET ADDRESS	HOVIS, ALFRED
CITY - ST - ZIP	STUART FL	4.4 CITY - ST - ZIP	907 CENTRAL PARKWAY STUART, FL 34994
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, KEVIN	5.2 NAME	D
STREET ADDRESS	971 CENTRAL PARKWAY	5.3 STREET ADDRESS	HOVIS, KAREN
CITY - ST - ZIP	STUART FL	5.4 CITY - ST - ZIP	907 CENTRAL PARKWAY STUART, FL 34994
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(h), 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 incorporator or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or not at all, in this filing.

SIGNATURE: _____ (Date) _____ (Date)
HARRY HAHAMOVITCH 4-24-95 407-994-2233