

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N95000005592 (9)**

1. Corporation Name

**DEERING PHYSICIAN ALLIANCE, INC.**

Principal Place of Business

**9333 SW 152ND STREET  
ATT: JOHN MCADORY MD  
MIAMI FL 33157**

Mailing Address

**4101 S. HOSPITAL DRIVE  
SUITE 11  
PLANTATION FL 33317**



3. Date Incorporated or Qualified

**11/22/1995**

4. FEI Number

**65-0641401**

Applied For

☐ Yes ☒ No

2. Principal Place of Business

**21 4101 S. Hospital Dr.**

Suite, Apt. #, etc.

**22 SUITE 11**

City & State

**23 PLANTATION, FL**

Zip

**24 33317**

Country

**25 USA**

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

26

27

28

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**FARRELL, JAMES A ESQ.  
250 AUSTRALIAN AVENUE SOUTH  
STE 500  
WEST PALM BEACH FL 33401**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D  
NAME DITKOWSKY, WILLIAM MD  
STREET ADDRESS C/O 9333 SW 152ND STREET  
CITY-ST-ZIP MIAMI FL 33157**

TITLE ☐ DELETE

**VD  
NAME FELDMAN, MICHAEL DO  
STREET ADDRESS C/O 9333 SW 152ND STREET  
CITY-ST-ZIP MIAMI FL 33157**

TITLE ☐ DELETE

**D  
NAME GREGORIAN, MICHAEL MD  
STREET ADDRESS C/O 9333 SW 152ND STREET  
CITY-ST-ZIP MIAMI FL 33157**

TITLE ☐ DELETE

**P  
NAME MCADORY, JOHN  
STREET ADDRESS 9380 SW 150TH STREET #100  
CITY-ST-ZIP MIAMI FL**

TITLE ☐ DELETE

**STD  
NAME ROSENTHAL, MARK DO  
STREET ADDRESS C/O 9333 SW 152ND STREET  
CITY-ST-ZIP MIAMI FL 33157**

TITLE ☐ DELETE

**D  
NAME HERNANDEZ, OSCAR MD  
STREET ADDRESS C/O 9333 SW 152ND STREET  
CITY-ST-ZIP MIAMI FL 33157**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in an attachment with an address.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0036886

CR2E037 (10/97)