

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

DOCUMENT # P92000002716 (8)

1. Corporation Name

JOHN GALE, P.A.



Principal Place of Business

2900 BRIDGEPORT AVE.
SUITE 350
COCONUT GROVE FL

Mailing Address

2900 BRIDGEPORT AVE.
SUITE 350
COCONUT GROVE FL

2. Principal Place of Business

21 1001 SOUTH BAYSHORE DR.

Suite, Apt. #, etc.

22 1508

City & State

23 MIAMI, FLORIDA

Zip

24 33131

Country

25 DADE

2a. Mailing Address

26 1001 SOUTH BAYSHORE DR.

Suite, Apt. #, etc.

27 1508

City & State

28 MIAMI, FLORIDA

Zip

29 33131

Country

30 DADE

9. Name and Address of Current Registered Agent

GALE, JOHN

2900 BRIDGEPORT AVE.

SUITE 350

COCONUT GROVE FL 33133

3. Date Incorporated or Qualified

11/06/1992

3a. Date of Last Report

04/26/1995

4. FEI Number

65-0376653

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

10. Name and Address of New Registered Agent

81 Name

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

1001 SOUTH BAYSHORE DRIVE

1508

84 City

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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person or printed name of registered agent and title (if applicable)

(If new) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

GALE, JOHN

STREET ADDRESS

2900 BRIDGEPORT AVE., SUITE 350

CITY-ST-ZIP

COCONUT GROVE FL 33133

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96

305-536-0106

CR2E034 (12/95)