

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P92000014441 (9)

1. Corporation Name

SOUTHEAST MEDICAL GROUP, P.A.

Principal Place of Business

7301 N. UNIVERSITY DR.
SUITE 206
TAMARAC FL 33321

Mailing Address

7301 N. UNIVERSITY DR.
SUITE 206
TAMARAC FL 33321

3. Date Incorporated or Qualified

12/21/1992

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 7301 N. University Dr.

26 Same

22 Suite, Apt. #, etc.
Suite 306

27 Suite, Apt. #, etc.

23 City & State
Tamarac, FL

28 City & State

24 Zip 33321 25 Country Broward

29 Zip 30 Country

4. FEI Number

65-0379517

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

10. Name and Address of New Registered Agent

POLSKY, FREDERICK C
7310 W. ATLANTIC BLVD.
MAROATE FL 33063

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

Frederick C. Polsky, President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T
NAME HURWITZ, DANIEL S MD
STREET ADDRESS 3080 N.W. 99TH AVENUE SUITE 200
CITY-ST-ZIP CORAL SPRINGS FL 33065

D
NAME NORENSBERG, GERALD
STREET ADDRESS 7310 W. ATLANTIC BLVD.
CITY-ST-ZIP MAROATE FL 33063

D
NAME POLSKY, FREDERICK
STREET ADDRESS 7310 W. ATLANTIC BLVD.
CITY-ST-ZIP MAROATE FL 33063

S
NAME STONE, MARTIN
STREET ADDRESS 1801 N. UNIVERSITY DR.
CITY-ST-ZIP CORAL SPRINGS FL 33071

VP
NAME WAKED, GEORGE MD
STREET ADDRESS 7421 N. UNIVERSTY DR. #214
CITY-ST-ZIP TAMARAC FL 33324

☐ DELETE

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

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 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)