

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

DOCUMENT # **P93000010411 (5)**

1. Corporation Name

**DOCTORS CENTER OF PALM BEACH COUNTY, INC.**



Principal Place of Business

**4275 OKEECHOBEE BLVD  
SUITE H  
WEST PALM BEACH FL 33409**

Mailing Address

**4275 OKEECHOBEE BLVD  
SUITE H  
WEST PALM BEACH FL 33409**

3. Date Incorporated or Qualified

**02/04/1993**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**65-0396038**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

**BARD, PERRY M  
4275 OKEECHOBEE BLVD  
SUITE H  
WEST PALM BEACH FL 33409**

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

Signature typed or printed in block letters (last name, first name, middle initial, if any)

Printed Registered Agent Signature (last name, first name, middle initial, if any)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D BARD, PERRY M**  
STREET ADDRESS **4275 OKEECHOBEE BLVD SUITE H**  
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

TITLE ☐ DELETE

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

TITLE ☐ DELETE

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY-ST-ZIP

TITLE ☐ DELETE

10.1 TITLE

10.2 NAME

10.3 STREET ADDRESS

10.4 CITY-ST-ZIP

TITLE ☐ DELETE

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY-ST-ZIP

TITLE ☐ DELETE

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY-ST-ZIP

TITLE ☐ DELETE

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

TITLE ☐ DELETE

14.1 TITLE

14.2 NAME

14.3 STREET ADDRESS

14.4 CITY-ST-ZIP

TITLE ☐ DELETE

15.1 TITLE

15.2 NAME

15.3 STREET ADDRESS

15.4 CITY-ST-ZIP

TITLE ☐ DELETE

16.1 TITLE

16.2 NAME

16.3 STREET ADDRESS

16.4 CITY-ST-ZIP

TITLE ☐ DELETE

17.1 TITLE

17.2 NAME

17.3 STREET ADDRESS

17.4 CITY-ST-ZIP

TITLE ☐ DELETE

18.1 TITLE

18.2 NAME

18.3 STREET ADDRESS

18.4 CITY-ST-ZIP

TITLE ☐ DELETE

19.1 TITLE

19.2 NAME

19.3 STREET ADDRESS

19.4 CITY-ST-ZIP

TITLE ☐ DELETE

20.1 TITLE

20.2 NAME

20.3 STREET ADDRESS

20.4 CITY-ST-ZIP

TITLE ☐ DELETE

21.1 TITLE

21.2 NAME

21.3 STREET ADDRESS

21.4 CITY-ST-ZIP

TITLE ☐ DELETE

22.1 TITLE

22.2 NAME

22.3 STREET ADDRESS

22.4 CITY-ST-ZIP

TITLE ☐ DELETE

23.1 TITLE

23.2 NAME

23.3 STREET ADDRESS

23.4 CITY-ST-ZIP

TITLE ☐ DELETE

24.1 TITLE

24.2 NAME

24.3 STREET ADDRESS

24.4 CITY-ST-ZIP

TITLE ☐ DELETE

25.1 TITLE

25.2 NAME

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25.4 CITY-ST-ZIP

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26.1 TITLE

26.2 NAME

26.3 STREET ADDRESS

26.4 CITY-ST-ZIP

TITLE ☐ DELETE

27.1 TITLE

27.2 NAME

27.3 STREET ADDRESS

27.4 CITY-ST-ZIP

TITLE ☐ DELETE

28.1 TITLE

28.2 NAME

28.3 STREET ADDRESS

28.4 CITY-ST-ZIP

TITLE ☐ DELETE

29.1 TITLE

29.2 NAME

29.3 STREET ADDRESS

29.4 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

Date

Daytime Phone #

CR2E034 (12/95)