

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN -8 PH 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000015623 (0)

1. Corporation Name

DOCTOR'S NETWORK OF SOUTH FLORIDA, INC.

Principal Place of Business

1200 CLINT MOORE RD
SUITE 2
BOCA RATON FL 33487
US

Mailing Address

1200 CLINT MOOR RD
SUITE 2
BOCA RATON FL 33487
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/22/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0415367

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

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

28

30

9. Name and Address of Current Registered Agent

GREEN, BRUCE D
888 S ANDREWS AVE
STE 308
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81

Name

PERMAN, WILLIAM.

82

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

1400 CLINT MOORE RD. # 2

83

STE 2

84

City

BOCA RATON

FL

85

Zip Code

33487

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	PERMAN, WILLIAM	7125 NW 49 CT	LAUDERHILL FL 33319

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
		1400 CLINT MOORE RD # 2	BOCA RATON FL 33487	☒	☐
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	Change	Addition
D	APPLETON, PHILIP	1400 CLINT MOORE RD # 2	BOCA RATON FL 33487	☒	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	Change	Addition
	SCOTT ALAN	1400 CLINT MOORE RD # 2	BOCA RATON FL 33487	☒	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	Change	Addition
				☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	Change	Addition
				☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	Change	Addition
				☐	☐

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)(b), 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 or changed, or on an attachment with an address.

SIGNATURE:

WILLIAM PERMAN

Date

Signature Printed