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
Apr 04 1996 8:00 am
Secretary of State

DOCUMENT # **P93000019666 (5)**

1. Corporation Name
JEFFREY ZIPPER, M.D., P.A.

Principal Place of Business	Mailing Address
15127 CARTER RD SUITE 106 DELRAY BEACH FL 33446	15127 CARTER RD SUITE 106 DELRAY BEACH FL 33446

3. Date Incorporated or Qualified: **03/16/1993** | 3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: **65-0389212** ☐ 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

ZIPPER, JEFFREY
15127 CARTER RD
SUITE 106
DELRAY BEACH FL 33432

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when no officer)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	☐ Change ☐ Addition
NAME	KROST, STUART B MD	1.2 NAME	
STREET ADDRESS	15127 CARTER RD. STE. 106	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	1.4 CITY-ST-ZIP	
TITLE	T ☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, PAUL MD	2.2 NAME	
STREET ADDRESS	15127 CARTER RD. STE. 106	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	2.4 CITY-ST-ZIP	
TITLE	C ☑ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LUCK, GEORGE R MD	3.2 NAME	
STREET ADDRESS	15127 CARTER RD. STE 106	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	3.4 CITY-ST-ZIP	
TITLE	VP ☑ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ZIPPER, BETH S MD	4.2 NAME	
STREET ADDRESS	15127 CARTER RD. STE. 106	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	4.4 CITY-ST-ZIP	
TITLE	PC ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ZIPPER, JEFFREY A	5.2 NAME	
STREET ADDRESS	15127 CARTER RD. STE.106	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL 33446	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ 1/31/96 407 495-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)