

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 # **P93000070830 (3)**

1. Corporation Name

GOOD SHEPHERD MEDICAL CLINIC, P.A.



Principal Place of Business

**1006 S
11371 CORTEZ BLVD
STE 100
BROOKSVILLE FL 34613**

Mailing Address

**1006 S
11371 CORTEZ BLVD
STE 100
BROOKSVILLE FL 34613**

3. Date Incorporated or Qualified
10/06/1993

3a. Date of Last Report
02/24/1995

2. Principal Place of Business

21 1006 S CORTEZ BLVD.

2a. Mailing Address

26 1006 S CORTEZ BLVD.

4. FEI Number

59-3204729

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MENKHAUS, DAVID J., ESQ.
4800 N. FEDERAL HIGHWAY
STE 210-A
BOCA RATON FL 33431**

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 607.0532 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, or officer or director

Signature, typed or printed name of registered agent, or officer or director

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **IOICULA MD, JOSEPH**
STREET ADDRESS **11371 CORTEZ BLVD #105**
CITY-ST-ZIP **BROOKSVILLE FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **IOICULA**
1.3 STREET ADDRESS **1006 S CORTEZ BLVD.**
1.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **EBERT MD, ROBERT**
STREET ADDRESS **11371 CORTEZ BLVD #108**
CITY-ST-ZIP **BROOKSVILLE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **11335 CORTEZ BLVD.**
2.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **ROEBUCK MD, BRIAN**
STREET ADDRESS **11371 CORTEZ BLVD #111**
CITY-ST-ZIP **BROOKSVILLE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **11337 CORTEZ BLVD.**
3.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **DEAN MD, DAVID**
STREET ADDRESS **11371 CORTEZ BLVD #110**
CITY-ST-ZIP **BROOKSVILLE FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **11331 CORTEZ BLVD.**
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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

JOSEPH IOICULA MD

Date

Daytime Phone #

CR2E034 (12/95)