

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000082599 (0)**

1. Corporation Name

ALAN NETZMAN, D.O., P.A.



Principal Place of Business

Mailing Address

**92140 OVERSEAS HWY
VAUGHN BLDG SUITE 1
TAVERNIER FL 33070**

**92140 OVERSEAS HWY
VAUGHN BLDG SUITE 1
TAVERNIER FL 33070**

2. Principal Place of Business

2a. Mailing Address

21 **95360 Overseas Hwy**
22 **Suite # 4**

26 **PO Box 282**
27 Suite, Apt. #, etc.

23 **Tavernier, Fla.**

28 **Tavernier, FLA**

24 **33037** 25 **USA**

29 **33070** 30 **USA**

9. Name and Address of Current Registered Agent

**HERSHOFF, JAY A
90130 OLD HWY
TAVERNIER FL 33070**

3. Date Incorporated or Qualified
12/03/1993

3a. Date of Last Report
04/25/1995

4. FEI Number
65-0469704

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

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

(If (11) Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

11 **D** ☐ DELETE
NAME **NETZMAN, ALAN**
STREET ADDRESS **92140 OVERSEAS HWY VAUGHN BLDG SUITE 1**
CITY-STATE-ZIP **TAVERNIER FL 33070**

11 ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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 included 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96

305-852-1485

Us, Inter Phone #

CR2E034 (12/95)