

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 # P93000082876 (2)

1. Corporation Name

DOCULYNX OF FLORIDA, INC.



Principal Place of Business

Mailing Address

23257 S.F. 7
109
BOCA RATON FL 33428
US

7644 CYPRESS CRESCENT
SUITE 205
BOCA RATON FL 33433
US

3. Date Incorporated or Qualified
11/29/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 ~~23257 S.F. 7~~ **7644 Cypress**
Suite, Apt. #, etc. **CRESCENT**

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FEI Number
65-0451839

Applied For
Not Applicable

22 City & State
BOCA RATON FL

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **33433** 25 Country **USA**

29 Zip 30 Country

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

**HENDRICKS, ARTHUR G
2500 N. MILITARY TRAIL
SUITE 205
BOCA RATON FL 33431**

81 Name **ARTHUR G. HENDRICKS**
82 Street Address (P.O. Box Number is Not Acceptable)
7644 CYPRESS CRESCENT
83
84 City **BOCA RATON** FL 85 Zip Code **33433**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DVS	<input type="checkbox"/> DELETE
NAME	HENDRICKS, ARTHUR G	
STREET ADDRESS	2500 N. MILITARY TR., SUITE 205	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	WASSERMAN, LESLIE D	
STREET ADDRESS	2500 N. MILITARY TR., SUITE 205	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DPT	<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	7644 Cypress Crescent	
1.4 CITY-ST-ZIP	BOCA RATON FL 33433	
2.1 TITLE	DVS	<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
2.2 NAME	LESLIE WASSERMAN REMMER	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	BOCA RATON FL 33433	
3.1 TITLE	D	<input type="checkbox"/> Change: <input checked="" type="checkbox"/> Addition
3.2 NAME	FRANCES HENDRICKS	
3.3 STREET ADDRESS	7644 CYPRESS CRESCENT	
3.4 CITY-ST-ZIP	BOCA RATON FL 33433	
4.1 TITLE		<input type="checkbox"/> Change: <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change: <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change: <input type="checkbox"/> 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

4/17/96 **407-362-6989**
Date Daytime Phone #

CR2E034 (12/95)