

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 20 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001519208
-06/21/95--01046--015
****225.00 ****225.00

DOCUMENT # P-94-000010937
1. Corporation Name

DELRAY OUTPATIENT SURGERY & LASER CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4800 Linton Boulevard 5162 Linton Boulevard
Building B Suite 203
Delray Beach, FL 33445 Delray Beach, FL 33428

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified
Feb. 10, 1994

3a. Date of Last Report

4. FEI Number
65-0457828

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

10. Name and Address of New Registered Agent

David J. Menkhaus, Esquire
Moore & Menkhaus, P.A.
4800 N. Federal Highway
Suite 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 607.0502 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and the filer (applicable)

(NOTE: Registered Agent signature required when re-electing)

May 16, 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME G. Richard Cohen, M.D.
STREET ADDRESS 9980 Central Blvd., Ste. 204
CITY ST ZIP Boca Raton, FL 33428

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE Vice President
NAME Peter Pearlman, M.D.
STREET ADDRESS 5258 Linton Blvd., Ste. 204
CITY ST ZIP Delray Beach, FL 33484

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE Secretary/Treasurer
NAME David Schwartzfarb, M.D.
STREET ADDRESS 5162 Linton Blvd., Ste. 203
CITY ST ZIP Delray Beach, FL 33484

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(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:

David Schwartzfarb, M.D.

David Schwartzfarb, M.D.

5/16/95 (407) 495-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Signature Line 2)

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1995



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Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000011321 (4)

1. Corporation Name

SILK & FRESH FLOWERS, INC.

APPROVED

800001519848

-06/21/95--01100--004

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business
10769 PARK BLVD.
TWIN OAKS PLAZA #109
SEMINOLE FL 34642

Mailing Address
10769 PARK BLVD.
TWIN OAKS PLAZA #109
SEMINOLE FL 34642

3. Date Incorporated or Qualified
02/10/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3215791

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip 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

DECAMP, STEVE
9209 SEMINOLE BLVD.
#200
SEMINOLE FL 34642

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

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 D
NAME DECAMP, SU
STREET ADDRESS 12101 COLFAX
CITY- ST- ZIP AURORA CO 80045

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

10769 PARK BLVD
SEMINOLE, FL 34642

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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CITY- ST- ZIP

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STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

14. I 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann

(Typed Name)

5-1-95

398 3910

0962185 CP