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Jul 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000019977 (5)

1. Corporation Name

MONCEY MEDICAL, P.A.



Principal Place of Business

5911 S.E. FEDERAL HWY  
BAY E-4  
STUART FL 34997  
US

Mailing Address

5911 S.E. FEDERAL HWY  
BAY E-4  
STUART FL 34997-7871  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
03/15/1994

3a. Date of Last Report  
07/23/1996

4. FEI Number

65-0481808

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

N  
~~1811 N. FEDERAL HWY.~~  
~~LAKE WORTH FL 33460~~  
5911 S.E. Federal Hwy  
BAY E-4  
STUART, FL 34997-7871

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

TITLE PVD  
NAME SAINT-VIL, RENAUD  
STREET ADDRESS 1811 N. FEDERAL HWY.  
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE TSD  
NAME SALVANT, EMMAMUEL  
STREET ADDRESS 1611 N. FEDERAL HWY.  
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAINT-VIL, RENAUD  
1.2 NAME  
1.3 STREET ADDRESS 5911 S.E. FEDERAL HWY.  
1.4 CITY-ST-ZIP STUART, FL 34997

2.1 TITLE  
2.2 NAME SALVANT, EMMAMUEL  
2.3 STREET ADDRESS 5911 S.E. FEDERAL HWY  
2.4 CITY-ST-ZIP STUART, FL 34997

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Sandra B. Mortham

6/10/97

CR2E034 (9/96)