

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

03/25/95 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000023093 (5)

Registered Office Name:

DENISE M. NEGRON, DPM, PA

Principal Place of Business:

1861 SW 135 WAY
MIRAMAR FL 33027

Mailing Address:

1861 SW 135 WAY
MIRAMAR FL 33027

(PRINT OR WRITE IN THIS SPACE)

3. Date Prepared or Updated 03/25/1994		38. Date of Last Report	
4. FE Number 65-0494021		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 is a subsidiary of a corporation registered in the State of Florida ☒ Yes ☐ No		Florida Statutes ☐ Yes ☒ No	
2. Principal Place of Business	26. Mailing Address	27. Suite, Apt. # etc.	28. City & State
21. Suite, Apt. # etc.	26. Mailing Address	27. Suite, Apt. # etc.	28. City & State
22. City & State	29. City & State	30. City & State	31. City & State
23. City & State	29. City & State	30. City & State	31. City & State
24. City & State	29. City & State	30. City & State	31. City & State

9. Name and Address of Current Registered Agent

NEGRON, DENISE M
1861 SW 135 WAY
MIRAMAR FL 33027

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

11. Pursuant to the provisions of Sections 607.0102 and 607.1508, Florida Statutes, the above named corporation submits the 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0105, Florida Statutes.

SIGNATURE

(Print or Type Name of Registered Agent, if Registered Agent is Not Applicable)

(Print or Type Name of Registered Agent, if Registered Agent is Not Applicable)

(Print)

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1. NAME P NEGRON, DENISE M 1861 SW 135 WAY MIRAMAR FL 33027	13.1. NAME Change ☐ Addition ☐	13.2. NAME Change ☐ Addition ☐	13.3. NAME Change ☐ Addition ☐
12.2. NAME Change ☐ Addition ☐	13.4. NAME Change ☐ Addition ☐	13.5. NAME Change ☐ Addition ☐	13.6. NAME Change ☐ Addition ☐
12.3. NAME Change ☐ Addition ☐	13.7. NAME Change ☐ Addition ☐	13.8. NAME Change ☐ Addition ☐	13.9. NAME Change ☐ Addition ☐
12.4. NAME Change ☐ Addition ☐	13.10. NAME Change ☐ Addition ☐	13.11. NAME Change ☐ Addition ☐	13.12. NAME Change ☐ Addition ☐
12.5. NAME Change ☐ Addition ☐	13.13. NAME Change ☐ Addition ☐	13.14. NAME Change ☐ Addition ☐	13.15. NAME Change ☐ Addition ☐
12.6. NAME Change ☐ Addition ☐	13.16. NAME Change ☐ Addition ☐	13.17. NAME Change ☐ Addition ☐	13.18. NAME Change ☐ Addition ☐
12.7. NAME Change ☐ Addition ☐	13.19. NAME Change ☐ Addition ☐	13.20. NAME Change ☐ Addition ☐	13.21. NAME Change ☐ Addition ☐
12.8. NAME Change ☐ Addition ☐	13.22. NAME Change ☐ Addition ☐	13.23. NAME Change ☐ Addition ☐	13.24. NAME Change ☐ Addition ☐
12.9. NAME Change ☐ Addition ☐	13.25. NAME Change ☐ Addition ☐	13.26. NAME Change ☐ Addition ☐	13.27. NAME Change ☐ Addition ☐
12.10. NAME Change ☐ Addition ☐	13.28. NAME Change ☐ Addition ☐	13.29. NAME Change ☐ Addition ☐	13.30. NAME Change ☐ Addition ☐

14. I, the undersigned, certify that the information supplied with this filing is, verily, truly furnished and does not qualify for the exemptions stated in Sections 607.0102 and 607.1508, Florida Statutes. Further, I 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 any officer or director of the corporation or the receiver or trustee consents to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12, or Block 13, if changed, as an appointment with an address.

SIGNATURE:

Denise M. Negron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-95

(305)
435-5785