

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000026512 (1)**

1. Corporation Name

SUSAN L. DOLIN, P.A.

Principal Place of Business
**11019 NASHVILLE DRIVE
COOPER CITY FL 33026**

Mailing Address
**11019 NASHVILLE DRIVE
COOPER CITY FL 33026**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/01/1994

3a. Date of Last Report

2. Principal Place of Business

21 **4000 HOLLYWOOD BLVD**

2a. Mailing Address

26 **4000 HOLLYWOOD BLVD**

Suite, Apt. #, etc.

22 **710 N**

Suite, Apt. #, etc.

27 **710 N**

City & State

23 **HOLLYWOOD FL**

City & State

28 **HOLLYWOOD FL**

Zip

24 **33021**

Country

25 **USA**

Zip

29 **33021**

Country

30 **USA**

4. FEI Number

65-0481971

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

**WASSERMAN, JEFFREY P
4000 HOLLYWOOD BLVD., STE. 610N 710 N
HOLLYWOOD FL 33021**

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 607.0502 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 filer if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPS**
NAME **DOLIN, SUSAN L**
STREET ADDRESS **11019 NASHVILLE DRIVE**
CITY - ST - ZIP **COOPER CITY FL 33026**

TITLE **T**
NAME **DOLIN, SUSAN L**
STREET ADDRESS **11019 NASHVILLE DRIVE**
CITY - ST - ZIP **COOPER CITY FL 33026**

TITLE
NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

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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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Susan L. Dolin **SUSAN L. DOLIN**

4-25-95

305-495-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number