

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000041716 (9)

1. Corporation Name

DPC OF BOCA RATON, INC.

Principal Place of Business

22455 MARTELLA AVENUE
BOCA RATON FL 33433

Mailing Address

22455 MARTELLA AVENUE
BOCA RATON FL 33433



3. Date Incorporated or Qualified
05/31/1994

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 5601 Regency Lakes Blvd.
Suite, Apt. #, etc.

26 4441 Coral Springs Dr.
Suite, Apt. #, etc.

4. FEI Number
65-0514126

Applied For
Not Applicable

22 City & State
23 Coconut Creek FL

27 City & State
28 Coral Springs, FL

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 33073 25 USA

29 33065 30 USA

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

STERNBERG, JERRY R
22455 MARTELLA AVENUE
BOCA RATON FL 33433

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 of person or persons authorized to register and file this statement.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
2. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

3. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
4. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

5. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
6. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

7. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
8. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

7. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

9. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
10. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

8. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

11. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
12. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

9. 1. TITLE
2. NAME
3. STREET ADDRESS
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

1-24-96

Date

(305) 344-0590

Daytime Phone #

CR2E034 (12/95)