

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 # **P94000044349 (6)**

1. Corporation Name

**DIANA S. DAWSON, P.A.**



Principal Place of Business

**1000 E CAMINO REAL #2B  
BOCA RATON FL 33432**

Mailing Address

**1000 E CAMINO REAL #2B  
BOCA RATON FL 33432**

3. Date Incorporated or Qualified  
**06/06/1994**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **841 PARK DR, E**

26 **841 PARK DR, E, I**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **BOCA RATON, FL**

28 **BOCA RATON, FL**

Zip

Country

Zip

Country

24 **33432**

25 **USA**

29 **33432**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAWSON, DIANA S  
1000 E CAMINO REAL #2B  
BOCA RATON FL 33432**

81 Name **DIANA S. DAWSON**

82 Street Address (P.O. Box Number is Not Acceptable)

**841 PARK DR, E, I**

83

84 City **BOCA RATON**

FL

85 Zip Code **33432**

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

*X Diana S Dawson*

**DIRECTOR**

**3/14/96**

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

☐ DELETE

NAME

**DAWSON, DIANA S**

STREET ADDRESS

**1000 E CAMINO REAL #2B**

CITY-ST-ZIP

**BOCA RATON FL 33432**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

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:

*X Diana S Dawson*

(Signature and typed or printed name of signing officer or director)

**3/14/96 (407) 338-**

Date

Daytime Phone # **4499**

CR2E034 (12/95)