

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000046800 (6)

1. Corporation Name

JEFFREY L. RAND, M.D., P.A.



Principal Place of Business

12333 NW 18TH ST
2
PEMBROKE PINES FL 33026
US

Mailing Address

12333 NW 18TH ST
2
PEMBROKE PINES FL 33026
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

RAND, JEFFREY L MD
12333 NW 18 ST SUITE 2
SUITE 400
PEMBROKE PINES FL 33026

3. Date Incorporated or Qualified

06/14/1994

3a. Date of Last Report

04/14/1995

4. FEI Number

65-0500937

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81

Name

RAND, Jeffrey L MD

82

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

12333 NW 18 St. Suite 2

83

84

City

Pembroke Pines

FL

85

Zip Code

33026

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

J L Rand MD PA

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

(NOTE: Registered Agent Signature required when re-registering)

3/19/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME RAND, JEFFREY L MD
STREET ADDRESS 12333 NW 18 ST SUITE 2
CITY - ST - ZIP PEMBROKE PINES FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J L Rand MD PA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey L. Rand MD

3/19/96

DATE

430-8820

TELEPHONE

CR2E034 (12/95)