

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P94000056913 (4)**

1. Corporation Name

JOSEPH T. NICHOLS, M.D., P.A.

Principal Place of Business

**762 S. FEDERAL HIGHWAY
DEERFIELD BEACH FL 33441-5767**

Mailing Address

**762 S. FEDERAL HIGHWAY
DEERFIELD BEACH FL 33441-5767**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1994

3a. Date of Last Report

02/20/1996

2. Principal Place of Business

450 FAIRWAY DRIVE

2a. Mailing Address

450 FAIRWAY DRIVE

4. FEI Number

65-0512102

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

SUITE #204

Suite, Apt. #, etc.

SUITE #204

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

DEERFIELD BEACH,

City & State

DEERFIELD BEACH

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

33441-1837

Country

USA

Zip

33441-1837

Country

USA

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LAVERY, MICHAEL J ESQ.
4600 N. OCEAN BLVD.
SECOND FLOOR
BOYNTON BEACH FL 33435**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **NICHOLS, JOSEPH T**
STREET ADDRESS **762 S. FEDERAL HIGHWAY**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441-5767**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

TITLE

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 **NICHOLS, JOSEPH T.**

1.3 STREET ADDRESS **450 FAIRWAY DRIVE, SUITE #204**

1.4 CITY-ST-ZIP **DEERFIELD BEACH, FL 33441-1837**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

JOSEPH T. NICHOLS

CP2E034 (4/97)