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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000064224 (6)**

1. Corporation Name

STERLING MEDICAL GROUP OF MICHIGAN, INC.

Principal Place of Business

**2333 PONCE DE LEON BLVD.
SUITE 511
CORAL GABLES FL 33134-5407**

Mailing Address

**2333 PONCE DE LEON BLVD.
SUITE 511
CORAL GABLES FL 33134-5407**



2. Principal Place of Business

21 6855 South Red Road

Suite, Apt. #, etc.

22 400

City & State

23 Coral Gables, FL

Zip

24 33143

Country

25 USA

2a. Mailing Address

26 6855 South Red Road

Suite, Apt. #, etc.

27 400

City & State

28 Coral Gables, FL

Zip

29 33143

Country

30 USA

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified

08/31/1994

3a. Date of Last Report

03/14/1995

4. FEI Number

65-0514408

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

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 607.0507 and 607.1501, 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 the person submitting this report (check one)

Signature of the person submitting this report (check one)

1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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(9)(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.

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