

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 # P94000072071 (1)

1. Corporation Name

HECTOR FELIPE FERNANDEZ, M.D., P.A.



Principal Place of Business

Mailing Address

11771 ROYAL PALM BLVD #104
CORAL SPRINGS FL 33065

11771 ROYAL PALM BLVD #104
CORAL SPRINGS FL 33065

2. Principal Place of Business

2a. Mailing Address

21 8190 Royal Palm Blvd.

26 8190 Royal Palm Blvd.

22 Ste # 203

27 Ste # 203

23 CORAL SPRINGS, FL

28 CORAL SPRINGS, FL

24 33065 25 Broward

29 33065 30 Broward

9. Name and Address of Current Registered Agent

KUPFER, LAWRENCE M
1700 UNIVERSITY DR
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified
09/30/1994

3a. Date of Last Report
06/14/1995

4. FEI Number
65-0530337

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 607.0502 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 FERNANDEZ, HECTOR F MD
11771 ROYAL PALM BLVD #104
CORAL SPRINGS FL 33065

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 FERNANDEZ, HECTOR F MD ☐ Change ☐ Addition

12 FERNANDEZ, HECTOR F MD ☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)