FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 21 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000079634 (9)**

1. Corporation Name
FRANCISCO SANTOS, M.D., P.A.

Principal Place of Business	Mailing Address
617 WEST DIXIE HWY. LEESBURG FL 34748	617 WEST DIXIE HWY. LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/01/1994**
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **59-3274304** ☐ 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

9. Name and Address of Current Registered Agent

SANTOS, FRANCISCO
617 WEST DIXIE HWY.
LEESBURG FL 34748

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required where indicated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SANTOS, FRANCISCO	12 NAME	
STREET ADDRESS	617 WEST DIXIE HWY.	13 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST ZIP	

AF 3/23

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)(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, added or deleted with an address.

SIGNATURE: ✓ **FRANCISCO SANTOS** 3/17/95 **(904)323-5700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

CR

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CORPORATION ANNUAL REPORT

1995

DOCUMENT #

1. Corporate Name: **P94000079780**

MARGULIES-LOWE DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
3 Grove Isle Drive **#1801** **Coconut Grove, FL.33133**	**3 Grove Isle Drive** **#1801** **Coconut Grove, FL. 33133**

(Please Type or Print)

3. Date Incorporated or Qualified: **October 31, 1994**

3a. Date of Last Report: **N/A**

2. Principal Place of Business

21 **3 Grove Isle Drive**

Suite, Apt. #, etc.: 22 **#1801**

City & State: 23 **Coconut Grove, FL.**

Zip: 24 **33133** County: 25 **Dade**

2a. Mailing Address

26 **3 Grove Isle Drive**

Suite, Apt. #, etc.: 27 **#1801**

City & State: 28 **Coconut Grove, FL.**

Zip: 29 **33133** County: 30 **Dade**

4. FEI Number: [ ] 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 been, or is required to be, audited by the Florida Auditor General pursuant to Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent

Harry B. Smith
701 Brickell Avenue, Suite 1900
Miami, Florida 33131

10. Name and Address of New Registered Agent

81 Name: **Sheldon Lowe**

82 Street Address (P.O. Box Number is Not Acceptable): **3 Grove Isle Drive**

83 **#1801**

84 City: **Coconut Grove** FL 85 Zip Code: **33133**

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: *Sheldon Lowe*

Sheldon J. Lowe

12. OFFICERS AND DIRECTORS

TITLE: **Director/President**
NAME: **Martin Z. Margulies**
STREET ADDRESS: **3 Grove Isle Drive, #1801**
CITY-ST-ZIP: **Coconut Grove, FL. 33133**

TITLE: **Director/V.P./Secretary/Treasurer**
NAME: **Sheldon J. Lowe**
STREET ADDRESS: **3 Grove Isle Drive, #1801**
CITY-ST-ZIP: **Coconut Grove, FL. 33133**

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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TITLE:
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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE: [ ] Delete [ ] Add
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: [ ] Delete [ ] Add
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: [ ] Delete [ ] Add
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: [ ] Delete [ ] Add
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: [ ] Delete [ ] Add
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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****200.00 ****200.00

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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that its submission has been authorized by the corporation. 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: *Martin Z. Margulies*

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

Martin Z. Margulies, President

305-856-1653

3-20-95