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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000088032 (5)**

1. Corporation Name

DOUGLAS C. JONES, O.D., P.A.



Principal Place of Business

**1651 FAIRWAY RD
PEMBROKE PINES FL 33026
US**

Mailing Address

**1651 FAIRWAY RD
PEMBROKE PINES FL 33026
US**

2. Principal Place of Business

21 1625 W 49TH STREET

2a. Mailing Address

26

Suite, Apt. #, etc

22 HIALEAH

Suite, Apt. #, etc

27

City & State

23 FL 33026

City & State

28

Zip

24 33012

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**JONES, DOUGLAS C OD
1651 FAIRWAY RD
PEMBROKE PINES FL 33026**

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 type for printed name of registered agent, if different from above

Signature type for printed name of registered agent, if different from above

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
JONES, DOUGLAS CHALLE
1651 W FAIRWAY RD
PEMBROKE PINES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☐ Addition

2 NAME ☐ Change ☐ Addition

3 STREET ADDRESS ☐ Change ☐ Addition

4 CITY-ST-ZIP ☐ Change ☐ Addition

5 TITLE ☐ Change ☐ Addition

6 NAME ☐ Change ☐ Addition

7 STREET ADDRESS ☐ Change ☐ Addition

8 CITY-ST-ZIP ☐ Change ☐ Addition

9 TITLE ☐ Change ☐ Addition

10 NAME ☐ Change ☐ Addition

11 STREET ADDRESS ☐ Change ☐ Addition

12 CITY-ST-ZIP ☐ Change ☐ Addition

13 TITLE ☐ Change ☐ Addition

14 NAME ☐ Change ☐ Addition

15 STREET ADDRESS ☐ Change ☐ Addition

16 CITY-ST-ZIP ☐ Change ☐ Addition

17 TITLE ☐ Change ☐ Addition

18 NAME ☐ Change ☐ Addition

19 STREET ADDRESS ☐ Change ☐ Addition

20 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition

22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS ☐ Change ☐ Addition

24 CITY-ST-ZIP ☐ Change ☐ Addition

25 TITLE ☐ Change ☐ Addition

26 NAME ☐ Change ☐ Addition

27 STREET ADDRESS ☐ Change ☐ Addition

28 CITY-ST-ZIP ☐ Change ☐ Addition

29 TITLE ☐ Change ☐ Addition

30 NAME ☐ Change ☐ Addition

31 STREET ADDRESS ☐ Change ☐ Addition

32 CITY-ST-ZIP ☐ Change ☐ Addition

33 TITLE ☐ Change ☐ Addition

34 NAME ☐ Change ☐ Addition

35 STREET ADDRESS ☐ Change ☐ Addition

36 CITY-ST-ZIP ☐ Change ☐ Addition

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:

DOUGLAS C. JONES

DOUGLAS C. JONES O.D., P.A., PRES

Date:

5/1/96

Office Phone #

(305) 819-0080

CR2E034 (12/95)