FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000008939 (7) **DOCUMENT #** 1. Corporation Name

DR. MICHAEL E. BACH, P.A.

| 4959 | COCONUT | CREEK | PARKWAY | | | | | | | | |
|-----------------------------|---------|-------|---------|--|--|--|--|--|--|--|--|
| Principal Place of Business | | | | | | | | | | | |

Mailing Address



| COCONUT CREEK FL 33063 | | | COCONUT CREEK PARKWAY COCONUT CREEK FL 33063 | | | |
|--------------------------------|--|--------------------------------------|--|--------------|--|-----------------------------|
| | | | | | 02/02/1995 | Date of Last Report |
| 2. Principal Place of Business | | 2a. Mailing Address | ¬ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | | 4. FEI Number | Applied For |
| 21 | | 26 | | | 65-0552299 | Not Applicable |
| Suite, Apt. #, etc |) . | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional |
| City & State | | City & State | · | | | Fee Required |
| 23 | 7 | 28 | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| Zip | Country | Zip | Country | | 8. This corporation has liability for intangil | ble tax under s. 199.032, |
| 24 | Name and Address of Corre | 29 | 30 | | Florida Statutes 🔛 Yes 🔲 N | |
| <u>y.</u> | Name and Address of Curr | ent Hegistered Agent | | | 10. Name and Address of New Registe | red Agent |
| BACH, MIK | 'E | | 81 | Name | | |
| | onut creek parkway | | 82 | Street Ac | dress (P.O. Box Number is Not Acceptable) | |
| COCONIT | CREEK FL 33063 | | 83 | | | |
| | ONELIN I E 00000 | | 63 | | | |
| • | | | 84 | City | | FL 85 Zip Code |
| familiar with, and | ent, or both, in the State of Flo diaccept the obligations of, So as spied or proced have diagraphical | chon 607.0505, Florida Statute | zed by the corp. s. | oranori's Do | oration submits this statement for the purpose open of directors. Thereby accept the appointment of directors of the purpose of the appointment of the purpose of the purpo | nt as registered agent. Lam |
| 12. | | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS | |
| TITLE | | ☐ DELETL | 1 1 TITLE | | PLESIOCYT | Change Addition |
| NAME | | | 1.2 NAME | 1 | MICHAEL E BACH | |
| STREET ADDRESS | | | 1.3 STREET | ADDRESS | 4959 COCOUNT CREEK P | ANEWCY |
| CITY - ST - ZIP | | | 14 CITY - S | T - ZIP | COCOUST CLERY PL 33 | 067 |
| TITLE | | ☐ DETELE | 2 1 TITLE | | | Change Addition |
| NAME | | | 2.2 NAME | | | |
| STREET ADDRESS | | | 2.3 STREET | ADDRESS | | |
| CITY-ST-ZIP TITLE | | Flores | 24 C-TY-S | T-ZIP | | |
| NAME | | DELETE | 3 1 TITLE | | | ☐ Change ☐ Addition |
| STREET ADDRESS | | | 3 2 NAME | | | |
| CHTY-ST-ZIP | | | 3.3 STREET | | | |
| TITLE | | DELETE | 34 CITY - SI 4 1 TITLE | F - 20P | | |
| NAME | | L. Decere | 4 2 NAME | | | Change Addition |
| STREET ADDRESS | | | 4.3 STREET | Abbosso | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST | | | |
| TITLE | | ☐ DELETE | 5 1 TiTLE | - ('' | | Change Addit on |
| NAME | | _ | 5.2 NAME | | | Griange Xugit (iii |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | | | 5 4 CITY - SI | | | |
| THTLE | | ☐ DEL e le | 6 1 TITLE | | | Change Addition |
| NAME | | | 6.2 NAME | | 7000019192 -08/12/9601045 | |
| STREET ADDRESS | | | 63STREET | ADDRESS | -08/12/3601045 | 1022 |
| CHY-ST-ZIP | | | 6.4 City - ST | - 712 | ***225.00 | |
| 14. I do hereby certi | fy that the information supplied | with this filing is voluntarily furn | ished and does | not qualify | for the exemption stated in Section 119 07/3//N | Florida Statutas I further |

red hereby end the information isospiles 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 direction of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attachment with an applicas.

SIGNING OFFICER OR DIRECTOR

8/7/96 (954) 975-0304