

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000020380 (8)

1. Corporation Name

JEFFREY L. PRESSER, M.D., P.A.



Principal Place of Business

5589 CYPRESS TREE COURT
PALM BEACH GARDENS FL 33418

Mailing Address

5589 CYPRESS TREE COURT
PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified

03/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 13205 US HWY ONE

26 3986 BLVD CENTER DR

4. FEI Number

65-0563102

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #105

27 #106

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 JUNO BEACH FL

28 JACKSONVILLE FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33418

25 USA

29 32207

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAMBERT, ROGER C
14155 U.S. HWY. ONE
SUITE 205
JUNO BEACH FL 33408

81 Name

PRESSER, EDWIN

82 Street Address (P.O. Box Number is Not Acceptable)

3986 BLVD CENTER DR

83

#106

84 City

JACKSONVILLE

FL

85 Zip Code
32207

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 607.0605, Florida Statutes.

SIGNATURE

Edwin Presser

Edwin Presser

4/11/96

(Signature of Registered Agent required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
PRESSER, JEFFREY L
5589 CYPRESS TREE COURT
PALM BEACH GARDENS FL 33418

☐ DELETE

1.1 TITLE

P/S/T

1.2 NAME

PRESSER, JEFFREY L

1.3 STREET ADDRESS

13205 US HWY ONE

1.4 CITY - ST - ZIP

JUNO BEACH FL 33418

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

Jeffrey L. Presser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEFFREY L. PRESSER, MD, PRESIDENT

4/11/96 (407) 691-0100

Day

Day, Time Phone

CR2E034 (12/95)