

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000045821 (2)

1. Corporation Name

DR. DANIEL DRAPACZ, D.P.M., P.A.



Principal Place of Business

Mailing Address

185 S BARFIELD HWY
PAHOKEE FL 33476

185 S BARFIELD HWY
PAHOKEE FL 33476

2. Principal Place of Business

2a. Mailing Address

21 685 S. Main St.

26 P.O. Box 579

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 Belle Glade, FL.

28 Pahokee, FL

24 Zip Country USA

29 Zip Country USA

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3. Date Incorporated or Qualified

06/07/1995

3a. Date of Last Report

4. FET Number

65-0603158

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

10. Name and Address of New Registered Agent

DRAPACZ, DANIEL DR
185 S BARFIELD HWY
PAHOKEE FL 33476

81 Name

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

685 S. Main St.

83

84

Belle Glade

FL

85 Zip Code

33430

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

(b)(1) Registered Agent signature required when most stringent

(b)(1)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-ST-ZIP

12 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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47 TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-96

Date

561-996-1144

Daytime Phone #

CR2E034 (3/96)