

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000051980 (7)

1. Corporation Name

DOUGLAS MOLIN, M.D., P.A.



Principal Place of Business

11573 GORHAM DRIVE
COOPER CITY FL 33026

Mailing Address

11573 GORHAM DRIVE
COOPER CITY FL 33026

3. Date Incorporated or Qualified

07/05/1995

3a. Date of Last Report

2. Principal Place of Business

21. 1150 N. 35th Ave

2a. Mailing Address

26. 1150 N. 35th Ave

4. FEI Number

LS-0593901

Applied For

Not Applicable

22. Suite, Apt. #, etc.

22. Suite 455

27. Suite, Apt. #, etc.

27. Suite 455

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23. City & State

23. Hollywood FL

28. City & State

28. Hollywood FL

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

24. Zip

24. 33021

Country

25. Broward

29. Zip

29. 33021

Country

30. Broward

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

9. Name and Address of Current Registered Agent

MOLIN, DOUGLAS
11573 GORHAM DRIVE
COOPER CITY 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, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. 1. TITLE ☐ DELETE

NAME
D MOLIN, DOUGLAS
STREET ADDRESS
11573 GORHAM DRIVE
CITY-ST-ZIP
COOPER CITY FL 33026

2. 2. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3. 3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4. 4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5. 5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6. 6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☒ Addition

NAME
M Jocelyn Bowie
STREET ADDRESS
11573 GORHAM DRIVE
CITY-ST-ZIP
COOPER CITY FL 33026

2. 2. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

3. 3. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4. 4. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5. 5. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6. 6. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/96 (954) 967-8300

CR2E034 (12/95)