

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 # **P95000054621 (4)**

1. Corporation Name

ALLENBY CENTER OF DERMATOLOGY & CUTANEOUS SURGERY, P.A.



Principal Place of Business

**1205 SE 11 COURT
FT LAUDERDALE FL 33301**

Mailing Address

**1205 SE 11 COURT
FT LAUDERDALE FL 33301**

3. Date Incorporated or Qualified

07/10/1995

3a. Date of Last Report

2. Principal Place of Business

21 1205 SE 11th Court

2a. Mailing Address

26 1205 SE 11th Court

4. FEI Number

65-0601810

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

23 Ft. Lauderdale, FL

City & State

28 Ft. Lauderdale, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24 33316 **25 USA**

29 33316 **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

**PELLEGRINO, ANTHONY W
PELLEGRINO & ASSOCIATES PA
524 S ANDREWS AVE SUITE 200N
FT LAUDERDALE FL 33301**

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 that applicable

(If this Registered Agent signature is required when filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ALLENBY, JANET**
STREET ADDRESS **1205 SE 11 COURT**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE **Do/P** ☒ Change ☐ Addition
2 NAME **Allenby, Janet** **Correction**
3 STREET ADDRESS **1205 SE 11th Court**
4 CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2 1 TITLE ☐ Change ☐ Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition
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TITLE ☐ DELETE
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6 1 TITLE ☐ Change ☐ Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 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:

Dr. Janet Allenby, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/96 (954) 522-823
Date of Filing #

CR2E034 (12/95)