

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 22 1996 8:00 am  
Secretary of State

DOCUMENT # P95000062501 (8)

1. Corporation Name

MEDICAL GROUP OF NORTH FLORIDA, INC.



Principal Place of Business

21110 BISCAYNE BLVD.  
SUITE 100  
AVENTURA FL 33180

Mailing Address

21110 BISCAYNE BLVD.  
SUITE 100  
AVENTURA FL 33180

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified

08/14/1995

3a. Date of Last Report

4. FEI Number

65-0616774

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

LOBEL, DOUGLAS J  
21110 BISCAYNE BLVD.  
SUITE 100  
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 title, if any.

(NOTE: Registered Agent Signature required when changing)

2/13/96

Date

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MENDUNI, ALBERT	
STREET ADDRESS	1881 PROFESSIONAL PARK CIRCLE, SUITE 80	
CITY-STATE-ZIP	TALLAHASSEE FL 32308	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DOUSO, MICHAEL	
STREET ADDRESS	1842 JACIF COURT, SUITE A	
CITY-STATE-ZIP	TALLAHASSEE FL 32308	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, JEFFREY	
STREET ADDRESS	2727 CAPITAL MEDICAL BLVD.	
CITY-STATE-ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KAPROTH, DAVID	
STREET ADDRESS	1841 FIDDLE COURT	
CITY-STATE-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORALES, BERT	
STREET ADDRESS	2001 MICCOSUKEE ROAD	
CITY-STATE-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAKSCHMIN, BOB	
STREET ADDRESS	1881 PROFESSIONAL PARK CIRCLE	
CITY-STATE-ZIP	TALLAHASSEE FL 32308	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Damron Rick
1.3 STREET ADDRESS	1181 Professional Park Circle, Ste 80
1.4 CITY-STATE-ZIP	Tallahassee, FL 32308
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Waldenberger, Leonard
2.3 STREET ADDRESS	1181 Professional Park Circle, Ste 80
2.4 CITY-STATE-ZIP	Tallahassee, FL 32308
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Randell, Andrea
3.3 STREET ADDRESS	1181 Professional Park Circle, Ste 80
3.4 CITY-STATE-ZIP	Tallahassee, FL 32308
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Steale, Robert
4.3 STREET ADDRESS	2001 Miccosukee Rd.
4.4 CITY-STATE-ZIP	Tallahassee, FL 32308
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96 (305) 682-1711

Date

Typed Name

CR2E034 (12/95)