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PROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #**

P95000070070 (4)

FLORIDA MEDICAL AND ACCIDENT CARE, INC.

Principal Place of Business Mailing Address 1112 SE 3RD AVE 1112 SE 3RD AVE FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 3. Date Incorporated or Qualified 3a. Date of Last Report 09/06/1995 4. FEI Number X Applied For 2. Principal Place of Business 2a. Mailing Address 26 Not Applicable Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired \Box 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees $Z_{\rm ID}$ Country Ζıp Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCFARLANE, WILLIAM J III Street Address (P.O. Box Number is Not Acceptable) 82 1112 SE 3RD AVE FT LAUDERDALE FL 33316 83 City 84 85 Zıp Çode 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. Signature, types, or protest have letter store diagent and struit appoinable (NOTE: Registerus Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE HILE 1.1 TITLE ☐ Change ☐ Addition **BURGIO. MICHAEL** NAME 1.2 NAME 1221 PELHAM PKWY N STREET ADDRESS 13 STREET ADDRESS **BRONX NY 10469** OUT STIZE 14 CITY - ST - ZIF TILE [] DELETE 2 1 THILE Change Addition BURGIO, MICHAEL NAMi 2.2 NAME 1221 PELHAM PKWY N STREET AUDRESS 2.3 STREET ADDRESS **BRONX NY 10469** CITY - ST - 712 24 CITY-ST-ZIP MILE DELETE 3 11:ILE ☐ Change Addition N454r 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CENT STOZE 3 4 CITY - ST - ZIP DELETE JULIE 4 1 TITLE Change ☐ Addition 4.2 NAME STEEL LACORESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 CITY - ST - ZIP DELFTE THE F ☐ Change ☐ Addition 5.1 TILLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-S1-ZIP 5.4 CITY - ST - ZIP Tel. F DELETE 6 1 THE Change Addition N/ Mi 6.2 NAME STREET ADORESS 6.3 STHEET ADDRESS OTY ST 7IP 64 CITY-ST-ZiP

14. Ido 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:

2 CR2E034