

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 # **P95000086790 (9)**

1. Corporation Name

SEAN LIFFITON, D.P.M., P.A.



Principal Place of Business

**750 SOUTH PARK ROAD #8-11
HOLLYWOOD FL 33021**

Mailing Address

**750 SOUTH PARK ROAD #8-11
HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified
11/13/1995

3a. Date of Last Report

2. Principal Place of Business

21 **10167 NW 31st Street**

Suite, Apt. #, etc.

22 **Suite 102**

City & State

23 **Coral Springs, FL**

Zip

24 **33065**

Country

25 **USA**

2a. Mailing Address

26 **10167 NW 31st Street**

Suite, Apt. #, etc.

27 **Suite 102**

City & State

28 **Coral Springs, FL**

Zip

29 **33065**

Country

30 **USA**

4. FEI Number

65 0624079

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

FILINGS, INC.

3732 N.W. 16TH STREET

FORT LAUDERDALE FL 33311

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **LIFFITON, SEAN D.P.M.**
STREET ADDRESS **750 SOUTH PARK ROAD #8-11**
CITY - ST - ZIP **HOLLYWOOD FL 33021**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **LIFFITON, SEAN D.P.M.** ☒ Change: ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **10167 N.W. 31ST STREET STE 102**
1.4 CITY - ST - ZIP **CORAL SPRINGS, FL 33065**

2.1 TITLE ☐ Change: ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change: ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change: ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change: ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEAN LIFFITON DPM

April 23, 1996

954

345-8637

CR2E034 (12/95)