

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

DOCUMENT # P95000087436 (8)

1. Corporation Name

THE WORLDWIDE MEDICAL ASSOCIATION, INC.



Principal Place of Business

6121 NW 60TH AVE
PARKLAND FL 33067

Mailing Address

6121 NW 60TH AVE
PARKLAND FL 33067

3. Date Incorporated or Qualified
11/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2201 W. SAMPLE RD
Suite, Apt. #, etc.

25 2201 W. Sample RD. 65-0652872
Suite, Apt. #, etc.

22 BID # 9 - STE 3B
City & State

27 BID # 9 - STE 3B
City & State

23 POMPANO BH, FL
Zip

28 POMPANO BH, FL
Zip

24 33073

29 33073

30

4. FEI Number

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

ABRAMSON, MICHELLE R
2201 W SAMPLE RD
BLDG 9 SUITE 3B
POMPANO BEACH FL 33312

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 607.0506, Florida Statutes.

SIGNATURE

Michelle R. Abramson

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME LEVY, MARK
STREET ADDRESS 6121 NW 60TH AVE
CITY-ST-ZIP PARKLAND FL 33067

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2201 W. SAMPLE RD BID # 9 - STE 3B
1.4 CITY-ST-ZIP POMPANO BH, FL 33073

TITLE D ☐ DELETE
NAME LEVY, SUSAN
STREET ADDRESS 6121 NW 60TH AVE
CITY-ST-ZIP PARKLAND FL 33067

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2201 W. SAMPLE RD BID # 9 - STE 3B
2.4 CITY-ST-ZIP POMPANO BH, FL 33073

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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

MARK LEVY 4/20/96 954-984-0444

CR2E034 (12/95)