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FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000010428 (6)

1. Corporation Name

BENNETT FAMILY PRACTICE, P.A.

Principal Place of Business

7676D PETERS ROAD
PLANTATION FL 33324

Mailing Address

7676D PETERS ROAD
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1996

4. FEI Number

65-0642066

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KLISTON, TODD W
8211 WEST BROWARD BLVD.
SUITE 375
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name JOEL PIOTRUKOWSKI
82 Street Address (P.O. Box Number is Not Acceptable)
627 71st Street
83
84 City Miami Beach FL 85 Zip Code 33141

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, to 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 reinstalling)

DATE

3-10-98

12. OFFICERS AND DIRECTORS

TITLE D
NAME REITER, BEN Z
STREET ADDRESS 9600 WEATHERVANE MANOR
CITY-ST-ZIP PLANTATION FL 33324

TITLE ASD
NAME PAUL MURRY
STREET ADDRESS 7676-D Peters Road
CITY-ST-ZIP PLANTATION, FL. 33324

TITLE ASD
NAME MALCOLM MAJOR
STREET ADDRESS 7676-D Peters Road
CITY-ST-ZIP PLANTATION, FL. 33324

TITLE ASD
NAME CINDY MARIKA
STREET ADDRESS 7676-D Peters Road
CITY-ST-ZIP PLANTATION, FL. 33324

TITLE ASD
NAME DANIELA BOTOMAN
STREET ADDRESS 7676-D Peters Rd.
CITY-ST-ZIP PLANTATION, FL. 33324

TITLE ASD
NAME MARCOS RETIMAN
STREET ADDRESS 7676-D Peters Road
CITY-ST-ZIP PLANTATION, FL. 33324

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ASD
1.2 NAME Penelope Cuaco
1.3 STREET ADDRESS 7676-D Peters Road
1.4 CITY-ST-ZIP PLANTATION, FL. 33324

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

2/18/98 954-474-2398

CR2E034 (10/97)