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Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000026283 (7)

1. Corporation Name

DAYTONA BEACH CRITICAL CARE ASSOCIATES, P.A.

Principal Place of Business

800 NORTH MAGNOLIA AVENUE, SUITE 1500
ORLANDO FL 32803

Mailing Address

800 NORTH MAGNOLIA AVENUE, SUITE 1500
ORLANDO FL 32803-3269



3. Date Incorporated or Qualified
03/22/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

21 2761 S.E. 14th Street

22 Suite, Apt. #, etc.

23 City & State
Ocala, FL

24 Zip
34471

25 Country
US

2a. Mailing Address

26 2761 S.E. 14th Street

27 Suite, Apt. #, etc.

28 City & State
Ocala, FL

29 Zip
34471

30 Country
US

4. FEI Number

59-3371080

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

FORSTER, GARY A
800 NORTH MAGNOLIA AVENUE, SUITE 1500
ORLANDO FL 32803

10. Name and Address of New Registered Agent

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 TAGHLABI, SAUD M.D.
STREET ADDRESS 800 NORTH MAGNOLIA AVENUE, SUITE 1500
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST ☐ Change ☒ Addition
1.2 NAME TAGHLABI, SAUD M.D.
1.3 STREET ADDRESS 2761 S.E. 14TH STREET
1.4 CITY-ST-ZIP Ocala, FL 34471

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME TAGHLABI, SAUD, M.D.
2.3 STREET ADDRESS 2761 S.E. 14th STREET
2.4 CITY-ST-ZIP Ocala, FL 34471

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 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:

Saud Taghlabi, M.D., President

2/20/97

Date

Daytime Phone #

CR2E034 (9/96)