

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000064957 (9)**

1. Corporation Name

**STEPHEN M. SINKOE D.P.M., BARRY M. TUVEL D.P.M.,
PA**

Principal Place of Business

**17013 PINES BLVD
PEMBROKE PINES FL 33029**

Mailing Address

**17013 PINES BLVD
PEMBROKE PINES FL 33029**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1996

4. FEI Number

65-0693176

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SINKOE, STEPHEN M
3884 BIRNIE AVE
COOPER CITY FL 33026**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
TUVEL, BARRY M
6330 SW 107 ST
MIAMI FL 33156**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

☒ Change ☐ Addition

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP
**P
Tuvul, Barry M
6440 SW 106 ST
MIAMI, Florida 33156**

☐ Change ☐ Addition

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

☐ Change ☐ Addition

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

☐ Change ☐ Addition

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

☐ Change ☐ Addition

1 TITLE
2 NAME
3 STREET ADDRESS
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 on an attachment with an address.

SIGNATURE:

[Signature]

Barry Tuvul Director 4-23-98

305-441-6515

CR2E034 (10/97)