

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S03385** (9)

1. Corporation Name

N. BENJAMIN BARNEA, M.D., P.A.



Principal Place of Business

**1801 UNIVERSITY DR. - PENTHOUSE
CORAL SPRINGS FL 33071**

Mailing Address

**1801 UNIVERSITY DR. - PENTHOUSE
CORAL SPRINGS FL 33071**

3. Date Incorporated or Qualified
10/02/1990

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

**GREENE, MICHAEL E.
210 UNIVERSITY DR.
SUITE 707
CORAL SPRINGS FL 33071**

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 607.07(2) 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 607.06(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME: **D BARNEA, N. BENJAMIN** ☐ DELETE
2. STREET ADDRESS: **1801 UNIV. DR. PENTHSE**
3. CITY, STATE, ZIP: **CORAL SPRINGS FL**
4. NAME: ☐ DELETE
5. STREET ADDRESS: ☐ DELETE
6. CITY, STATE, ZIP: ☐ DELETE
7. NAME: ☐ DELETE
8. STREET ADDRESS: ☐ DELETE
9. CITY, STATE, ZIP: ☐ DELETE
10. NAME: ☐ DELETE
11. STREET ADDRESS: ☐ DELETE
12. CITY, STATE, ZIP: ☐ DELETE
13. NAME: ☐ DELETE
14. STREET ADDRESS: ☐ DELETE
15. CITY, STATE, ZIP: ☐ DELETE

1. TITLE: ☐ Change ☐ Addition
2. NAME: ☐ Change ☐ Addition
3. STREET ADDRESS: ☐ Change ☐ Addition
4. CITY, STATE, ZIP: ☐ Change ☐ Addition
5. TITLE: ☐ Change ☐ Addition
6. NAME: ☐ Change ☐ Addition
7. STREET ADDRESS: ☐ Change ☐ Addition
8. CITY, STATE, ZIP: ☐ Change ☐ Addition
9. TITLE: ☐ Change ☐ Addition
10. NAME: ☐ Change ☐ Addition
11. STREET ADDRESS: ☐ Change ☐ Addition
12. CITY, STATE, ZIP: ☐ Change ☐ Addition
13. NAME: ☐ Change ☐ Addition
14. STREET ADDRESS: ☐ Change ☐ Addition
15. CITY, STATE, ZIP: ☐ Change ☐ Addition

14. I 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 included 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 of this filing or on an attachment to this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

2/22/96

(954) 341-8100

CR2E034 (12/95)