

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S13330** (3)

1. Corporation Name

DOLSEY, M.D., INC.

Principal Place of Business

**7400 NORTH KENDALL DRIVE
S105
MIAMI FL 33156
US**

Mailing Address

**7400 NORTH KENDALL DRIVE
105
MIAMI FL 33156
US**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

**DOLSEY, RICHARD L., M.D.
7400 N. KENDALL DR., STE 105
MIAMI FL 33156**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/16/1990

3a. Date of Last Report

10/16/1995

4. FE# Number

65-0233357

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

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person performing the change of registered office or agent

Signature of Registered Agent (if different from above)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
DOLSEY, RICHARD M.D.
7400 N KENDALL DR S105
MIAMI FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E 11/26

Date

Signature/Print Name

CR2E034 (12/95)