

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S18985** (9)

1. Corporation Name

PHILLIP P. GAGER, D.C., P.A.



Principal Place of Business

**3071 NW 64TH AVE
SUNRISE FL 33313**

Mailing Address

**3071 NW 64TH AVE
SUNRISE FL 33313**

2. Principal Place of Business

2a. Mailing Address

21 **4507 North Pine Island Rd**

26 **4507 North Pine Island Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Sunrise, Florida**

28 **Sunrise, Florida**

Zip

Country

Zip

Country

24 **33351**

25 **USA**

29 **33351**

30 **USA**

9. Name and Address of Current Registered Agent

**WAYNE HORWITZ, CPA
3511 W COMMERCIAL BLVD.
SUITE 402
FT. LAUDERDALE FL 33309**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
12/12/1990

3a. Date of Last Report
05/01/1995

4. FFI Number

65-0232594

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$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

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 of person who is authorized to sign this statement)

(Signature of the Agent Submitting Statement)

(Signature of the Registered Agent)

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	GAGER, PHILLIP P.	
STREET ADDRESS	3071 NW 64TH AVE	
CITY- ST- ZIP	SUNRISE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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. TITLE	☒ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	9450 NW 96 Street
4. CITY- ST- ZIP	SUNRISE, FL 33351
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	☐ Change ☐ Addition
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)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 its trustee, 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 addition, with an address.

SIGNATURE:

Phillip P. Gager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/96 **(954) 742-3830**
(Date) (Day to Phone #)

CR2E034 (12/95)