

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # S19447 (9)

1. Corporation Name

CATHERINE M. FORD, O.D., P.A.



Principal Place of Business

**842 PARK AVENUE
LAKE PARK FL 33403-9495**

Mailing Address

**842 PARK AVENUE
LAKE PARK FL 33403-9495**

3. Date Incorporated or Qualified
12/13/1990

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

4. FEI Number

65-0229568

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

**FORD, CATHERINE M.
842 PARK AVENUE
LAKE PARK FL 33403-2495**

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 of Registered Agent is required on this statement.

(NOTE: Registered Agent Signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

D ☐ DELETE
FORD, CATHERINE M.
501 28TH STREET
WEST PALM BEACH FL

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE
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NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE
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STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

☐ Change ☐ Addition
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

☐ Change ☐ Addition
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

☐ Change ☐ Addition
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

☐ Change ☐ Addition
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

☐ Change ☐ Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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 on an attachment with an address.

SIGNATURE:

Catherine M. Ford
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Catherine M. Ford OD 01-18-96 407-848-8784
DATE DAY/MONTH/YEAR DAY/TIME PHONE #

CR2E034 (12/95)