

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S28207** (6)

1. Corporation Name

MOISES LICHTINGER, M.D., P.A.



Principal Place of Business

**1960 NE 47TH ST.
FT. LAUDERDALE FL 33308**

Mailing Address

**1960 NE 47TH ST.
FT. LAUDERDALE FL 33308**

3. Date Incorporated or Qualified
01/28/1991

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STANDART, JOHN
1400 E OAKLAND PARK BLVD.
S-100
FT. LAUDERDALE FL 33334**

81 Name

MOISES LICHTINGER

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

1960 NE 47TH STREET

83

SECOND 2ND FLOOR

84 City

FT. LAUDERDALE

FL

85 Zip Code

33308

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(5), 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 changes are 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 607.05(5), Florida Statutes.

SIGNATURE

Moises Lichtinger

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LICHTINGER, MOISES**
CITY- ST- ZIP **1960 NE 47TH ST.
FT. LAUDERDALE FL**

1.1 TITLE ☒ Change ☒ Addition
1.2 NAME **DPST**
1.3 STREET ADDRESS **MOISES LICHTINGER**
1.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **V**
2.3 STREET ADDRESS **RINA LICHTINGER**
2.4 CITY- ST- ZIP **1960 NE 47TH STREET
FT. LAUDERDALE, FL 33308**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-96

**951
491-7664**

CR2E034 (12/95)