

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S54865 (8)

1. Corporation Name

TAMARA L. GMITTER, M.D., P.A.

Principal Place of Business

1625 N COMMERCE PKWY
STE 325
FT LAUDERDALE FL 33326

Mailing Address

1625 N COMMERCE PKWY
SUITE #205
FT LAUDERDALE FL 33326
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/22/1991
3a. Date of Last Report 05/01/1994

4. FEI Number 65-0264724
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

2. Principal Place of Business 2a. Mailing Address

21 1625 N. Commerce Pkwy 26 Suite, Apt. #, etc.

22 STE 205 27 City & State

23 Ft. Lauderdale, FL 29 City & State

24 33326 25 USA 29 30

9. Name and Address of Current Registered Agent

GMITTER, TAMARA L.
1625 N COMMERCE PKWY
STE 325
FT LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name Gmitter, TAMARA L.
82 Street Address (P.O. Box Number is Not Acceptable) 1625 N. Commerce Pkwy
83 Suite # 205
84 City Ft. Lauderdale FL 85 Zip Code 33326

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 Tamara L. Gmitter, MD. DATE 4/19/95

12. OFFICERS AND DIRECTORS

TITLE P
NAME GMITTER, TAMARA L.
STREET ADDRESS 220 LAKEVIEW DR., BLDG. #8-102
CITY-ST-ZIP FT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Gmitter, TAMARA L.
1.3 STREET ADDRESS 1976 N.W. 29th Rd
1.4 CITY-ST-ZIP Boca Raton, FL 33431

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tamara L. Gmitter (305) 384-7900

SIGNATURE AND TYPED OR PRINTED NAME OF BANKING OFFICER OR DIRECTOR

(Initials)

(Signature) (Print Name)