

# 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 # **S70213** (1)

1. Corporation Name

**JORGE ALEXANDER PEREZ, M.D. P.A.**



Principal Place of Business

Mailing Address

**CYPRESS MEDICAL BUILDING  
550 S.W. THIRD STREET, SUITE 100  
POMPANO BEACH FL 33060**

**CYPRESS MEDICAL BUILDING  
550 S.W. THIRD STREET, SUITE 100  
POMPANO BEACH FL 33060**

3. Date Incorporated or Qualified  
**08/01/1991**

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

2. Principal Place of Business

2a. Mailing Address

21 **6245 N. Federal Hwy**  
Suite, Apt. #, etc.  
**Suite 200**

26 **6245 N. Federal Hwy**  
Suite, Apt. #, etc.  
**Suite 200**

23 **Ft. Lauderdale Fl**  
City & State

28 **Ft. Lauderdale, Fl**  
City & State

24 **33308**  
Zip

25 **Broward**  
County

29 **33308**  
Zip

30 **Broward**  
County

4. FEI Number  
**65-0279387**

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

10. Name and Address of New Registered Agent

**PEREZ, JORGE A.  
550 S.W. THIRD STREET, SUITE 100  
POMPANO BEACH FL 33060**

81 Name

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

83 **Suite 200**

84 **Ft. Lauderdale**

FL

85 Zip Code  
**33308**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/12/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PEREZ, JORGE A.**  
STREET ADDRESS **550 S.W. 3RD ST., STE 100**  
CITY - ST - ZIP **POMPANO BEACH 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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE

1.2 NAME  
1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME  
2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME  
3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME  
4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME  
5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME  
6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

**6245 N. Federal Hwy Suite 200**

**Ft. Lauderdale Fl 33308**

☐ Change ☐ Addition

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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

**4/12/96 (305) 351-2200**

Date Day/Time Phone #

CR2E034 (12/95)