

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 # **S73823**

(4)

1. Corporation Name

**HAROLD SUSSEWELL, M.D., P.A.**



Principal Place of Business

Mailing Address

C/O HAROLD SUSSEWELL, M.D.  
2051 45TH ST., SUITE 112  
WEST PALM BEACH FL 33407

C/O HAROLD SUSSEWELL, M.D.  
2051 45TH ST., SUITE 112  
WEST PALM BEACH FL 33407

813 Victory Circle  
Bayside Beach FL 33436

813 Victory Circle  
Bayside Beach FL 33436

2. Principal Place of Business

2a. Mailing Address

21 813 Victory Circle

26 813 Victory Circle

22 Suite, Apt. #, etc. Bayside Beach FL

27 Suite, Apt. #, etc. Bayside Beach FL

23 City & State 33436

28 City & State Bayside Beach

24 Zip 33436 Country

29 Zip 33436 Country USA

25

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
08/12/1991

3a. Date of Last Report  
03/17/1995

4. FEI Number  
65-0278122

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

10. Name and Address of New Registered Agent

SUSSEWELL, HAROLD  
2051 45TH STREET  
SUITE 112  
W. PALM BEACH FL 33407

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 607.1503, 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 607.0504, Florida Statutes.

SIGNATURE

*[Signature]*

4/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO	<input type="checkbox"/> DELETE
NAME	SUSSEWELL, HAROLD	
STREET ADDRESS	1344 POINTE DR 813 Victory Circle	
CITY-ST-ZIP	WEST PALM BEACH FL Bayside Beach FL 33436	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	SUSSEWELL, HAROLD	
STREET ADDRESS	1344 POINTE DR 813 Victory Circle	
CITY-ST-ZIP	WEST PALM BEACH FL Bayside Beach FL 33436	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Susnewell, Harold	
1.3 STREET ADDRESS	813 Victory Circle	
1.4 CITY-ST-ZIP	Bayside Beach FL 33436	
2.1 TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Susnewell, Harold	
2.3 STREET ADDRESS	813 Victory Circle	
2.4 CITY-ST-ZIP	Bayside Beach FL 33436	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96  
Date

Daytime Phone

CR2E034 (12/95)