

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 # S99211 (2)

1. Corporation Name

FERN TAISENCHOY-BENT, M.D., P.A.



Principal Place of Business

5800 COLONIAL DRIVE  
SUITE 407  
MARGATE FL 33063

Mailing Address

5800 COLONIAL DRIVE  
SUITE 407  
MARGATE FL 33063

2. Principal Place of Business

2a. Mailing Address

21 9750 NW 33rd Street

26 9750 NW 33rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite #115

27 Suite #115

City & State

City & State

23 Coral Springs, FL

28 Coral Springs, FL

Zip

Country

Zip

Country

24 33065

25

29 33065

30

9. Name and Address of Current Registered Agent

TAISENCHOY, FERN F  
5800 COLONIAL DR., #407  
MARGATE FL 33063

81 Name

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

9750 NW 33rd Street

83 Suite #115

84 City

Coral Springs,

FL

85 Zip Code  
33065

3. Date Incorporated or Qualified

12/09/1991

3a. Date of Last Report

04/21/1995

4. FEI Number

65-0299338

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

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of appointment.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PSD  
TAISENCHOY-BENT, FERN  
STREET ADDRESS  
5800 COLONIAL DR #407  
CITY- ST- ZIP  
MARGATE 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

9750 NW 33rd Street, #115  
Coral Springs, FL 33065

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

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:

*Fern F. Taichenoy-Bent*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-29-96

X 954-796-0114

CR2E034 (12/95)