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May 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V09882

(4)

1. Corporation Name

DANIEL S. RAPPAPORT, M.D., P.A.

Principal Place of Business

5405 OKEECHOBEE BLVD #303
EAST DR
WEST PALM BEACH FL 33417
US

Mailing Address

5405 OKEECHOBEE BLVD #303
EAST DR
WEST PALM BEACH FL 33417-4554
US

3. Date Incorporated or Qualified

01/27/1992

3a. Date of Last Report

06/03/1996

2. Principal Place of Business

21 Suite, Apt. #, etc:

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc:

27 City & State

28 Zip

30 Country

4. FEI Number

65-0306583

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

RAPPAPORT, DANIEL S.
VILLAGE MEDICAL CENTER
STRATFORD F., EAST DR.
WEST PALM BCH. FL 33417

10. Name and Address of New Registered Agent

81 Name

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

5405 OKEECHOBEE BLVD

83

SUITE 303

84 City

W.P.B.

FL

85 Zip Code

33417

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

Daniel S. Rappaport

(NOTE: Registered Agent signature required when reinstating)

5/15/97

12. OFFICERS AND DIRECTORS

TITLE DP
NAME RAPPAPORT, DANIEL S
STREET ADDRESS 5405 OKEECHOBEE BLVD #303
CITY-ST-ZIP WEST PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Daniel S. Rappaport

5/15/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)