

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 15, 1996 08:00 AM
Secretary of State

DOCUMENT # **V10659** (3)

1. Corporation Name

DOUGLAS M. WEISSMAN, M.D., P.A.

Principal Place of Business

**12622 CLASSIC DR.
CORAL SPRINGS FL 33071**

Mailing Address

**12622 CLASSIC DR.
CORAL SPRINGS FL 33071**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**COLEMAN, IRA J
MCDERMOTT, WILL & EMERY
201 S. BISCAYNE BLVD., STE. 2200
MIAMI FL 33131**

3. Date Incorporated or Qualified

01/31/1992

3a. Date of Last Report

04/17/1995

4. FEE Number

65-0309015

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. 193.032
Florida Statutes.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **HOWARD MOFSEN CPA**

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

**5701 N PINE ISLAND RD
SUITE 250**

83 City **FORT LAUDERDALE**

84 FL

85 Zip Code **33321**

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 607.0502, Florida Statutes.

SIGNATURE

[Signature]

[Signature]

4-6-96

Date

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **D WEISSMAN, DOUGLAS M**
STREET ADDRESS **12622 CLASSIC DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL**

2. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. TITLE

☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. TITLE

☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

5. TITLE

☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. TITLE

☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. 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)(g), Florida Statutes. I further certify that the information indicated does not constitute a report or supplemental annual report. It 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 checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

CR2E034 (12/95)