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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

V19551 **DOCUMENT #**

(3)

FILED Feb 20 1996 8:00 am Secretary of State

JONATHAN D. COOPER, M.D., P.A. Principal Place of Busness Mailing Address 1625 N COMMERCE PKWY #307 FT LAUDERDALE FL 33326 Mailing Address 1625 N COMMERCE PKWY #307 FT LAUDERDALE FL 33326					
FI LAUDEAL	DALE PE 33320	ri Laudenda	nce to some	3. Date incorporated or Qualified 03/09/1992	3a. Date of Last Report 02/17/1995
2. Principal Plac	ce of Business	2a. Mailing Addres	s	4. FEI Number 63-03 18692	Applied For Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, 6	etc.	5. Certificate of Status Desired	S8.75 Additional Fee Required
Oty & State	20 000	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zipi 24	Country 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes Yes	
[A]	9. Name and Address of Curr			10. Name and Address of New R	egistered Agent
100 SE	DA REGISTERED AGENTS INC E 2ND ST #3600 FL 33131	;	81 Name 82 Street Add	iress (P.O. Box Number is Not Acceptab	le)
MIMMI	rt 33131		83 84 City		FL B5 Zip Code
12.	Sty at well typed or printed name of registerion by OFFICERS A	ND DIRECTORS	(NOTE: Registered Agent signature requirements).	ed wher reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS CITY: ST. ZIP	COOPER, JONATHAN 1625 N. COMMERCE PK FT. LAUDERDALE FL	DELE	1 1 1 1 1 1 1 E 1.2 NAME 1.3 STREEL ADDRESS 1.4 City-St-Zip		Criange Addition
HILE NAME STREET ADORESS		☐ DELE	TE 2 1 TITLE 22 NAME 23 STREET ADDRESS		☐ Change ☐ Addilion
CITY - ST - ZIP THEF NAME STREET ADDRESS		☐ DELE	3 2 NAME 3 3 STREET ADDRESS		Change Addition
CHY-ST ZIP THEF NAME STREET ADOPESS		☐ DELE	4.2 NAME 4.3 STREET ADDRESS		Change Addition
CHY SI-ZIF THEE NAME SIREEL ADDRESS		☐ DELE	5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
CHY-ST-ZIP TITLE NAME STREET ADDRESS		DELE	54 CITY - ST - ZIP 1E 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS		☐ Change ☐ Addition

14. I do hereby certily 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 chapter 13 in chapter 14 in an address.

6.4 CITY - ST - ZIP

SIGNATURE:

954-389-1414