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95 MAY 11 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sarah B. McMan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V36741 (9)

1. Corporation Name
JEFFREY B. ALPERSTEIN, M.D., P.A.

Principal Place of Business 210 JUPITER LAKES BLVD. SUITE 202, BUILDING 4000 JUPITER FL 33458	Mailing Address 210 JUPITER LAKES BLVD SUITE 202, BUILDING 4000 JUPITER FL 33458
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or qualified 05/18/1992	3a. Date of Last Report 04/26/1994
22. Suite, Apt. # etc.	27. Suite, Apt. # etc.	4. FEI Number 65-0332229	Applied For ☐ Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
24. State	29. State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
25. Country	30. Country	8. This corporation has liability for intangible tax under S. 190.032 Florida Statutes. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent ALPERSTEIN JEFFREY B 210 JUPITER LAKES BLVD 4000 BLDG JUPITER FL 33458	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. FL 86. Zip Code
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11. Pursuant to the provisions of Sections 190.032 and 190.034, 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 implications of Section 190.032, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME D ALPERSTEIN, JEFFREY B. 210 JUPITER LAKES BLVD. JUPITER FL	13.1 NAME ☐ Change ☐ Addition
12.2 NAME	13.2 NAME ☐ Change ☐ Addition
12.3 NAME	13.3 NAME ☐ Change ☐ Addition
12.4 NAME	13.4 NAME ☐ Change ☐ Addition
12.5 NAME	13.5 NAME ☐ Change ☐ Addition
12.6 NAME	13.6 NAME ☐ Change ☐ Addition
12.7 NAME	13.7 NAME ☐ Change ☐ Addition
12.8 NAME	13.8 NAME ☐ Change ☐ Addition
12.9 NAME	13.9 NAME ☐ Change ☐ Addition
12.10 NAME	13.10 NAME ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.032 and 190.034, 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 holder of a trust or position empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or report attached with an address.

SIGNATURE: 
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEFFREY B. ALPERSTEIN

S/S/95 407 575 9112