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 # **V41657** **(0)**

1. Corporation Name

DIANA L. BECKWITT, O.D., P.A.

Principal Place of Business

6400 OVERSEAS HWY
MARATHON FL 33050

Mailing Address

6400 OVERSEAS HWY
MARATHON FL 33050

3. Date Incorporated or Qualified: **06/04/1992**

3a. Date of Last Report: **03/14/1995**

4. FEI Number: **65-0332550** ☐ 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

2. Principal Place of Business

21 same

22

23 City & State

24 Zip 25 Country: Monroe

2a. Mailing Address

26 same

27

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

BECKWITT, DIANA L.
6400 OVERSEAS HWY
MARATHON FL 33050

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.1905, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE: PD
NAME: BECKWITT, DIANA L.
STREET ADDRESS: 6400 OVERSEAS HWY
CITY-ST-ZIP: MARATHON FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #12

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

☐ Change ☐ Addition

2 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

☐ Change ☐ Addition

3 TITLE
3 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

☐ Change ☐ Addition

4 TITLE
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP

☐ Change ☐ Addition

5 TITLE
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP

☐ Change ☐ Addition

6 TITLE
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP

☐ Change ☐ Addition

14. I declare (or certify, if applicable) that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further declare (or certify, if applicable) 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, added, or deleted.

Diana L Beckwitt O.D.,P.A.

SIGNATURE: Diana L Beckwitt, OD, P.A. 1/29/96 305 743 2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE #

CR2E034 (12/95)