

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 # **V42847** (6)

1. Corporation Name

PHYSICIANS ASSOCIATES, P.A.



Principal Place of Business

Mailing Address

ATTN: JOHN KIRBY
2500 SW 75TH AVE
MIAMI FL 33155-2805
US

2500 SW 75TH AVE
ATTN: JOHN KIRBY
MIAMI FL 33155
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/11/1992

3a. Date of Last Report

04/21/1995

4. FEI Number

65-0338031

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

KIRBY, JOHN M.
2500 S.W. 75TH AVE.
MIAMI FL 33155

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 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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

☐ DELETE

1. TITLE

☐ Change

☐ Addition

NAME

FOX, JONATHAN, D.O.

12. NAME

STREET ADDRESS

806 W. FLAGLER ST.

13. STREET ADDRESS

CITY- ST- ZIP

MIAMI FL

14. CITY- ST- ZIP

TITLE

ST

☐ DELETE

2. TITLE

☐ Change

☐ Addition

NAME

KIRBY, JOHN

22. NAME

STREET ADDRESS

2500 SW 75TH AVE.

23. STREET ADDRESS

CITY- ST- ZIP

MIAMI FL

24. CITY- ST- ZIP

TITLE

☐ DELETE

3. TITLE

☐ Change

☐ Addition

NAME

32. NAME

STREET ADDRESS

33. STREET ADDRESS

CITY- ST- ZIP

34. CITY- ST- ZIP

TITLE

☐ DELETE

4. TITLE

☐ Change

☐ Addition

NAME

42. NAME

STREET ADDRESS

43. STREET ADDRESS

CITY- ST- ZIP

44. CITY- ST- ZIP

TITLE

☐ DELETE

5. TITLE

☐ Change

☐ Addition

NAME

52. NAME

STREET ADDRESS

53. STREET ADDRESS

CITY- ST- ZIP

54. CITY- ST- ZIP

TITLE

☐ DELETE

6. TITLE

☐ Change

☐ Addition

NAME

62. NAME

STREET ADDRESS

63. STREET ADDRESS

CITY- ST- ZIP

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)(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 changed, or on an attachment with an address.

SIGNATURE:

John Kirby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96

264 5252

Date

Telephone

CR2E034 (12/95)