

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 # **V48242** (4)

1. Corporation Name

DAVID J. BECKER, M.D., P.A.



Principal Place of Business

Mailing Address

~~1106 DRUID ROAD SOUTH~~
~~SUITE 203~~
~~CLEARWATER FL 34616~~

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~~SUITE 203~~
~~CLEARWATER FL 34616~~

3. Date Incorporated or Qualified

06/29/1992

3a. Date of Last Report

03/14/1995

2. Principal Place of Business

2a. Mailing Address

21 **1103 S. Ft. Harrison**

26 **1103 S. Ft. Harrison**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Clearwater, FL**

28 **Clearwater, FL**

Zip

Country

Zip

Country

24 **34616**

25 **Pinellas**

29 **34616**

30 **Pinellas**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKER, DAVID J.

~~1106 DRUID ROAD SOUTH~~
~~SUITE 203~~
~~CLEARWATER FL 34616~~

81 Name

Same

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

3441 Fairfield Trail

83

84 City

Clearwater

FL

85 Zip Code
34621

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **BECKER, DAVID J DR**
STREET ADDRESS **1106 DRUID RD SUITE 203**
CITY-ST-ZIP **CLEARWATER FL 34616**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **3441 Fairfield Trail**
1.4 CITY-ST-ZIP **Clearwater, FL 34621**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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: **David J. Becker, MD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-96

813 443-7700

CR2E034 (12/95)