

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 # **V56715** (8)

1. Corporation Name

BARBARA A. MICHNA, M.D., P.A.



Principal Place of Business

**3329 JOHNSON ST.
HOLLYWOOD FL 33021**

Mailing Address

**3329 JOHNSON ST.
HOLLYWOOD FL 33021**

2. Principal Place of Business

2a. Mailing Address

21 **1150 N. 35th Ave**

26 **1150 N. 35th Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 490**

27 **Suite 490**

City & State

City & State

23 **Hollywood Fla.**

28 **Hollywood Fla.**

Zip

Zip

24 **33021**

Country

29 **33021**

Country

25 **Broward**

30 **Broward**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/01/1992

3a. Date of Last Report
02/27/1995

4. FEI Number
65-0350453

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

10. Name and Address of New Registered Agent

**MICHNA, BARBARA A.
2655 LEJEUNE ROAD
SUITE 1101
CORAL GABLES FL**

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 607.1506, 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 of officer, director, or registered agent, if that agent is

(Note: Registered Agent signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D. MICHNA, BARBARA A.**
STREET ADDRESS **3329 JOHNSON ST.**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D. Michna, Barbara A.**
1.3 STREET ADDRESS **1150 N. 35th Ave. Suite 490**
1.4 CITY-ST-ZIP **Hollywood, Fla. 33021**

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

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 or changed, or on an attachment, to an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96

954-959-3053

CR2E034 (12/95)