

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED
AND
FILED**

94 JUL 25 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **554084** (4)

1. Corporation Name
EUGENE L. GITIN, M.D., P.A.

Mailing Address
**1200 S. PINE ISLAND RD.
STE.#600
FT. LAUDERDALE FL 33324-4460
US**

Principal Place of Business
**1200 S. PINE ISLAND RD.
STE.#600
FT. LAUDERDALE FL 33324-4460
US**

If above addresses are incorrect in any way, file through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/11/1977	3a. Date of Last Report 03/15/1993
4. FEI Number 59-1775320	Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Mailing Address 21 7957 FISHER ISLAND DR.	2a. Principal Place of Business 26 7957 FISHER ISLAND DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 FISHER ISLAND, FL	City & State 28 FISHER ISLAND, FL
Zip 24 33109-1029	Country 25 DADE
29 33109-1029	30 DADE

9. Name and Address of Current Registered Agent

**S.F. & F. REGISTERED AGENTS, INC.
200 SO. BISCAYNE BLVD., SUITE 4310
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1504 or Sections 617.0502 and 617.1504, Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered agent 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 or 617.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS	
11 TITLE P/D	12 NAME GITIN, EUGENE M.D.	11 TITLE P/D	12 NAME GITIN, EUGENE M.D.
13 STREET ADDRESS 100 N.W. 70TH AVENUE	14 CITY ST ZIP PLANTATION FL	13 STREET ADDRESS 7957 FISHER ISLAND DRIVE	14 CITY ST ZIP FISHER ISLAND, FL 33109-1029
21 TITLE	22 NAME	21 TITLE	22 NAME
23 STREET ADDRESS	24 CITY ST ZIP	23 STREET ADDRESS	24 CITY ST ZIP
31 TITLE	32 NAME	31 TITLE	32 NAME
33 STREET ADDRESS	34 CITY ST ZIP	33 STREET ADDRESS	34 CITY ST ZIP
41 TITLE	42 NAME	41 TITLE	42 NAME
43 STREET ADDRESS	44 CITY ST ZIP	43 STREET ADDRESS	44 CITY ST ZIP
51 TITLE	52 NAME	51 TITLE	52 NAME
53 STREET ADDRESS	54 CITY ST ZIP	53 STREET ADDRESS	54 CITY ST ZIP
61 TITLE	62 NAME	61 TITLE	62 NAME
63 STREET ADDRESS	64 CITY ST ZIP	63 STREET ADDRESS	64 CITY ST ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and equally for the corporation. I am an officer or director of the corporation and I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature thereon is a voluntary act. I am an officer or director of the corporation or the person or persons responsible for causing this report to be prepared. I am familiar with and accept the obligations of Block 12 or Block 13 of this report as required by Section 607.0505 or 617.0505, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report on an annual report filed with appropriate agencies.

SIGNATURE: **EUGENE GITIN** X *Eugene L. Gitin* X 7/18/94 (305) 621-3191