

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **554084** (4)

1. Corporation Name
EUGENE L. GITIN, M.D. CORPORATION



Principal Place of Business
**7957 FISHER ISLAND DR.
FISHER ISLAND FL 33109-1029
US**

Mailing Address
**7957 FISHER ISLAND DR.
FISHER ISLAND FL 33109-1029
US**

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 County	29 County
25	30

3. Date Reported or Closed 10/11/1977	3a. Date of Last Report 06/16/1995
4. FID Number 59-1775320	Applied for Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

g. Name and Address of Current Registered Agent

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

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

11. Pursuant to the provisions of sections 607.01 and 607.02, Florida Statutes, the above named corporation hereby certifies 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. Thereby, I accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.02(1), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I do hereby certify that the information supplied is true and correct, and that the corporation is qualified to file an application under Section 190.032, Florida Statutes. I further certify that these limitations are intended for informational purposes only and do not constitute a guarantee, and that the signature provided has the same legal effect as if it were under oath. That certain officers or directors of this corporation can be held liable for the preparation of this report under Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report as an attachment with an affidavit.

SIGNATURE: *Eugene L. Gitin* **EUGENE L. GITIN** **3/26/96** **(305) 673-3191**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (12/95)