

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 # 588234 (5)

1. Corporation Name
NEIL H. EDISON, M.D., P.A.



Principal Place of Business: 2785 N.E. 183RD ST., STE. 500 N. MIAMI BCH. FL 33160
Mailing Address: 2785 N.E. 183RD ST., STE. 500 N. MIAMI BCH. FL 33160

3. Date Incorporated or Qualified: 10/02/1978
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1871697
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: EDISON, NEIL H. M.D., 2785 NE 183 STREET, N MIAMI BEACH FL 33160
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code (FL).

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PVT	EDISON, NEIL H. M.D. P.A. 2785 NE 183RD ST., #500 N. MIAMI BCH. FL	1.1 TITLE	
TITLE: SD	EDISON, NEIL H. M.D. P.A. 2785 NE 183RD ST., #500 N. MIAMI BCH. FL	2.1 TITLE	
TITLE: D	EDISON, MARGO JILL 2785 NE 183RD ST., #500 N. MIAMI BCH. FL	3.1 TITLE	
TITLE:		4.1 TITLE	
TITLE:		5.1 TITLE	
TITLE:		6.1 TITLE	

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: *Neil H. Edison, M.D.* Date: 4/25/96 Daytime Phone #: 305-935-9840

CR2E034 (12/95)