

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 600240 (6)

1. Corporation Name

PHILLIP O. LICHTBLAU, M.D., P.A.

Principal Place of Business

1000 45TH STREET
W PALM BEACH FL 33407

Mailing Address

1000 45TH STREET
W PALM BEACH FL 33407



3. Date Incorporated or Qualified
12/29/1965

3a. Date of Last Report
06/20/1995

4. FEI Number

59-1111424

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LICHTBLAU, PHILIP O
1000 45TH STREET
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

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 607.1508, 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 the corporation

(If the Registered Agent's signature is required when not standing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
LICHTBLAU, PHILIP
1000 45TH STREET
WEST PALM BEACH FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Change Addition

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

Change Addition

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

Change Addition

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

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5.1 TITLE
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5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

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6.1 TITLE
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7.1 TITLE
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8.1 TITLE
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8.4 CITY - ST - ZIP

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9.1 TITLE
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9.4 CITY - ST - ZIP

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11.1 TITLE
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12.1 TITLE
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13.1 TITLE
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14.1 TITLE
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15.1 TITLE
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16.1 TITLE
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18.1 TITLE
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28.1 TITLE
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28.3 STREET ADDRESS
28.4 CITY - ST - ZIP

Change Addition

29.1 TITLE
29.2 NAME
29.3 STREET ADDRESS
29.4 CITY - ST - ZIP

Change Addition

30.1 TITLE
30.2 NAME
30.3 STREET ADDRESS
30.4 CITY - ST - ZIP

Change Addition

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-96

407-832-2486

Date

Daytime Phone

CR2E034 (12/95)