

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **638651** (0)

1. Corporation Name
STEVEN R. KAPLAN, M.D., P.A.



Principal Place of Business

4302 ALTON RD
SUITE 730
MIAMI BEACH FL 33140

Mailing Address

4302 ALTON RD
SUITE 730
MIAMI BEACH FL 33140

2. Principal Place of Business

21 State: **FL**
22 City & State

23 City & State

24 Zip: Country

9. Name and Address of Current Registered Agent

**KAPLAN, STEVEN R.
4302 ALTON ROAD, SUITE 730
MIAMI BEACH FL 33140**

2a. Mailing Address

26 State: **FL**
27 City & State

28 City & State

29 Zip: Country

30

3. Date Incorporated or Quoted
10/04/1979

3a. Date of Last Report
09/25/1995

4. FEI Number

59-1941277

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contributor

\$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

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 607.0602 and 607.1006, 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. Said change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

11a Name DELETE

11b NAME
**KAPLAN, STEVEN R
4302 ALTON ROAD, SUITE 730
MIAMI BEACH FL**

11c Name DELETE

11d Name DELETE

11e Name DELETE

11f Name DELETE

11g Name DELETE

11h Name DELETE

11i Name DELETE

11j Name DELETE

11k Name DELETE

11l Name DELETE

11m Name DELETE

11n Name DELETE

11o Name DELETE

11p Name DELETE

11q Name DELETE

11r Name DELETE

11s Name DELETE

11t Name DELETE

11u Name DELETE

11v Name DELETE

11w Name DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a NAME Change Addition

13b NAME

13c STREET ADDRESS

13d CITY STATE ZIP

13e NAME Change Addition

13f NAME

13g STREET ADDRESS

13h CITY STATE ZIP

13i NAME Change Addition

13j NAME

13k STREET ADDRESS

13l CITY STATE ZIP

13m NAME Change Addition

13n NAME

13o STREET ADDRESS

13p CITY STATE ZIP

13q NAME Change Addition

13r NAME

13s STREET ADDRESS

13t CITY STATE ZIP

13u NAME Change Addition

13v NAME

13w STREET ADDRESS

13x CITY STATE ZIP

14. I, the undersigned, 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. I am an officer or director of the corporation or the receiver or bonded empoweered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE: X *Steven R. Kaplan* **STEVEN R. KAPLAN M.D. 1/16/96** **305-534-6666**

CR2E034 (12/95)