

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **693368** (3)

1. Corporation Name

**ROBERT A. GREEN, PH.D., & ASSOCIATES, INC.**



Principal Place of Business

C/O VITALE & MILLER PA  
2131 HOLLYWOOD BLVD 102  
HOLLYWOOD FL 33020  
US

Main Address

C/O VITALE & MILLER PA  
2131 HOLLYWOOD BLVD 102  
HOLLYWOOD FL 33020  
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 Country

28 Zip Country

24

9. Name and Address of Current Registered Agent

**GREEN, ROBERT A. PH.D.  
3363 SHERIDAN ST., STE. 209  
HOLLYWOOD FL 33021**

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 627.01(4) and 627.15(10), Florida Statutes, the above named corporation, herein by 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 obligation of, Sections 627.01(4) and 627.15(10), Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETED
NAME	GREEN, ROBERT A	
STREET ADDRESS	3371 N. 40TH ST.	
CITY, ST, ZIP	HOLLYWOOD, FL 00000	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 STREET ADDRESS	
13 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 TITLE	
13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 STREET ADDRESS	
13 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 TITLE	
13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 STREET ADDRESS	
13 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 TITLE	
13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 STREET ADDRESS	
13 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied within this Report is voluntarily furnished and is true and correct to the best of my knowledge. I further certify that the information indicated on this annual report or supplement is an annual report as required by law and I create 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 registered agent, as provided in Sections 627.01(4) and 627.15(10), Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or omitted therefrom.

SIGNATURE:

*Robert A. Green*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96

305 961-9339

CR2E034 (12/95)