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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

F70514

	Name	` '		i i	
DALIA K	KALAI, M.D., P.A.			 	
rincipal Place o	f Business	Mailing Address		I TORNIOR IIIA FORMA ODIŅA ONION PĀRIJĀ ([
5210 LINTON BLVD. #303 DELRAY BEACH FL 33484		5210 LINTON BLVD. DELRAY BEACH FL			
				3. Date incorporated or Qualified 03/10/1982	3a. Date of Last Report
Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	06/13/1995 Applied For-
		26		59-2188091	Not Applicable
- S⊍te, Apt. #, -	etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
		28			Added to Fees
Zipi	Country	Zip	Country	8. This corporation has liability for inte	
	25 9. Name and Address of Curre	29	30		□ No
	5. Name and Address of Carje	int negistered Agent	81 Name	10. Name and Address of New Reg	gistered Agent
KALAI, DA	ALIA		<u>L_ </u>	1 000	
	V. 40TH TERRACE		82 Street Add	fress (P.O. Box Number is Not Acceptable))
BOCA RA	TON FL 33496		83		
			84 City		Total Tan Code
			54 Oity		FL 85 Zip Code
familiar with,	the provisions of Sections 607.050 d agent, or both, in the State of Flor , and accept the obligations of, Sec	2 and 607.1508, Florida Stat rida. Such change was author ction 607.0505, Florida Statut	utes, the above-named corporized by the corporation's boales.	oration submits this statement for the purpo and of directors. I hereby accept the appoin	sea of changing its registered offi
familiar with,	and accept the obligations of, Sec graters typed or printerfrance of registered age. OFFICERS AN	ction 607.0505, Florida Statut	utes, the above-named corporated by the corporation's boars. NOTE Registered Agent signature require. 13.	ard of directors. I hereby accept the appoin	ose of changing its registered offi intment as registered agent. I am
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