

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1999.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

1996 NOV -6 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G07970 (8)

1. Corporation Name

MICHAEL J. SCHOU, M.D. P.A.



REINSTATEMENT *alldone*

Principal Place of Business 4245 LAKE RD. MIAMI FL 33137	Mailing Address 4245 LAKE RD. MIAMI FL 33137
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3. Date Incorporated or Qualified 11/10/1982	3a. Date of Last Report 04/13/1995
4. FEI Number 59-2252236	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	29

9. Name and Address of Current Registered Agent

LAMBERT, LYNDALL
9638 N.E. 2ND AVENUE
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

01 Name LYNDALL LAMBERT
02 Street Address 999 Biscayne Avenue
03 Suite 555 33131
04 City MIAMI FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 *Lyndall Lambert* DATE 11-6-96

12. OFFICERS AND DIRECTORS

TITLE	PST	DELETE <input type="checkbox"/>
NAME	SCHOU, MICHAEL J	
STREET ADDRESS	4245 LAKE RD	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	DELETE <input type="checkbox"/>
NAME	SCHOU, MICHAEL J	
STREET ADDRESS	4245 LAKE RD.	
CITY-ST-ZIP	MIAMI FL	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 8000020030388-8
 1.2 NAME -11/13/96--01185--027
 1.3 STREET ADDRESS ***383.75 ***383.75
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, trustee, or other person empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked for on an attachment to an address.

SIGNATURE: *Michael J. Schou* DATE 10/16/96 (305) 8356196

CR20204 (3/95)