

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 # **M98116** (0)

1. Corporation Name
MARTIN B. ZIEMAN O.D., P.A.



Principal Place of Business Mailing Address
**C/O ZIEMAN, MARTIN B., O.D.
10125 W. OAKLAND PARK BLVD.
SUNRISE FL 33351
US**

2. Principal Place of Business 2a. Mailing Address
21 Sub: Apt #, etc 26 Sub: Apt #, etc
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **09/12/1988** 3a. Date of Last Report **08/08/1995**
4. FEI Number **65-0070887** 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

9. Name and Address of Current Registered Agent
**ZIEMAN, MARTIN B., O.D.
10125 W. OAKLAND PARK BLVD.
SUNRISE FL 33351**

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 607.04(2) and 607.1502, 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 607.04(2), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
<input checked="" type="checkbox"/> DELETED	D ZIEMAN, MARTIN B., O.D. 10125 W. OAKLAND PARK BLVD. SUNRISE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETED		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETED		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETED		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETED		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETED		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETED		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETED		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETED		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental periodic 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 partner or trustee empowered to execute the report as required by Chapter 637, Florida Statutes, and that my name appears in Block 12 or Block 13 if I am not an officer or director with an address.

SIGNATURE: *Martin B. Ziemann* **MARTIN B. ZIEMAN O.D., P.A.** 3-31-96 305-436-7795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)