

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Mar 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S35621 (9)

1. Corporation Name
STUART MEDICAL GROUP, P.A.



Principal Place of Business 417 BALBOA AVENUE STUART FL 34994	Mailing Address 417 BALBOA AVENUE STUART FL 34994-2327
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/05/1991	3a. Date of Last Report 04/04/1996
21	26	4. FEI Number 65-0244590	Applied For Not Applicable		
22	27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RITTER, WILLIAM S. 4825 SE MANATEE TERRACE STUART FL 34997				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RITTER, WILLIAM S.		1.2 NAME				
STREET ADDRESS	417 BALBOA AVE.		1.3 STREET ADDRESS				
CITY - ST - ZIP	STUART FL		1.4 CITY - ST - ZIP				
TITLE	DV	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BASKIN, GORDON S		2.2 NAME				
STREET ADDRESS	417 BALBOA AVE.		2.3 STREET ADDRESS				
CITY - ST - ZIP	STUART FL		2.4 CITY - ST - ZIP				
TITLE	DS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SPEICHER, MATTHEW		3.2 NAME				
STREET ADDRESS	417 BALBOA AVE.		3.3 STREET ADDRESS				
CITY - ST - ZIP	STUART FL		3.4 CITY - ST - ZIP				
TITLE	DT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KANTOR, LAWRENCE R.		4.2 NAME				
STREET ADDRESS	417 BALBOA AVE.		4.3 STREET ADDRESS				
CITY - ST - ZIP	STUART FL		4.4 CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MORDES, DAVID B		5.2 NAME				
STREET ADDRESS	417 BALBOA AVE.		5.3 STREET ADDRESS				
CITY - ST - ZIP	STUART FL		5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			6.4 CITY - ST - ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lawrence R. Kantor* (Lawrence Kantor, MD) (561) 283-0350
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Daytime Phone # _____

CR2E034 (9/96)