

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S39326 (1)
1. Corporation Name
STEVEN R. LINZER, D.O., P.A.



Principal Place of Business: **201 ALHAMBRA CIR, 12TH FLOOR, CORAL GABLES FL 33134**
Mailing Address: **201 ALHAMBRA CIR, 12TH FLOOR, CORAL GABLES FL 33134**

2. Principal Place of Business: **21** State, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** State, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

3. Date Incorporated or Qualified: **03/20/1991** 3a. Date of Last Report: **08/15/1995**
4. FEI Number: **65-0255390** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**SEMET LICKSTEIN MORGENSTERN BERGER FRIEND
201 ALHAMBRA CIR
12TH FLOOR
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name
82 Street Address, P.O. Box Number is Not Acceptable
83
84 City **85** Zip Code **FL**

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(6), 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.05(2) Florida Statutes.

SIGNATURE

Signature of person authorized to sign this statement

Signature of person authorized to sign this statement

Date

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LINZER, STEVEN R	
STREET ADDRESS	8910 MIRAMAR PKWY #110	
CITY-ST-ZIP	MIRAMAR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied to this form was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this statement is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the registered or proposed registered agent as provided in Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 in this statement only with an address.

SIGNATURE: *Steven R. Linzer* **STEVEN R. LINZER, D.O., P.A.** **4/16/96** **(954) 436-5910**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)