FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **459268** **(9)**

1. Corporation Name

DRS. CHESTLER AND ROBBINS, P.A.

Principal Place of Business	Mailing Address
250 W. 63 ST. SUITE 2A MIAMI BEACH FL 33141	250 W. 63 ST. SUITE 2A MIAMI BEACH FL 33141

3. Date Incorporated or Qualified: 08/06/1974	3a. Date of Last Report: 04/14/1995
4. FEI Number: 59-1550767	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 Street Address: 4701 N. MERIDIAN AV.	26 Street Address: 4701 N. MERIDIAN AV
22 Suite, Apt. #, etc.: SUITE 7430	27 Suite, Apt. #, etc.: SUITE 7430
23 City & State: MIAMI BEACH FL	28 City & State: MIAMI BEACH FL
24 Zip: 33140 25 Country: DADE	29 Zip: 33140 30 Country: DADE

9. Name and Address of Current Registered Agent

~~ROBBINS, RICHARD P.~~
~~250 W. 63 ST. SUITE 2A~~
~~MIAMI BEACH FL~~

10. Name and Address of New Registered Agent

81 Name: CARL M. CHESTLER, MD
82 Street Address (P.O. Box Number is Not Acceptable): 4701 N MERIDIAN AV
83 SUITE 7430
84 City: MIAMI BEACH FL 85 Zip Code: 33140

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: [signature] DATE: 1/27/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CHESTLER, CARL M.		1.2 NAME	
STREET ADDRESS	1260 99TH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP	
TITLE	PD	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	~~ROBBINS, RICHARD P.~~		2.2 NAME	
STREET ADDRESS	~~1571 STILLWATER DRIVE~~		2.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI BEACH FL~~		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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 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 above, or on an attachment with an address.

SIGNATURE: [signature] 1/27/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)