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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:08

DOCUMENT # 495051 (5)

1. Corporation Name
SHILEN, PARKER & PETUSEVSKY, M.D.'S, P.A.

Principal Place of Business
DOCTORS HOSPITAL
5000 UNIVERSITY DR.
CORAL GABLES FL 33146-2008

Mailing Address
DOCTORS HOSPITAL
5000 UNIVERSITY DR.
CORAL GABLES FL 33146-2008

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 7000 SW 62nd Ave	2a. Mailing Address: Same
Suite, Apt. #, etc.: Suite 201	Suite, Apt. #, etc.:
City & State: South Miami, FL	City & State:
Zip: 33143 Country: USA	Zip: Country:

3. Date Incorporated or Qualified: 04/20/1976
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-1664154 — 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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

BREIER, ROBERT G
1320 SOUTH DIXIE HWY SUITE 830
CORAL GABLES, FLORIDA
33146

10. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHILEN, THOMAS S
STREET ADDRESS	~~5000 UNIVERSITY DR~~
CITY ST ZIP	~~CORAL GABLES, FL 0~~
TITLE	STD
NAME	PARKER, R LATANAE
STREET ADDRESS	~~5000 UNIVERSITY DR~~
CITY ST ZIP	~~CORAL GABLES, FL 0~~
TITLE	VD
NAME	PETUSEVSKY, MITCHELL L.
STREET ADDRESS	~~5000 UNIVERSITY DRIVE~~
CITY ST ZIP	~~CORAL GABLES FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	PD	[X] Change [ ] Addition
1 NAME	Shilen, Thomas S	
1 STREET ADDRESS	7000 SW 62nd Ave. Suite 201	
1 CITY ST ZIP	South Miami, FL 33143	
2 TITLE	STD	[X] Change [ ] Addition
2 NAME	Parker, R. Latanae	
2 STREET ADDRESS	7000 SW 62nd Ave. Suite 201	
2 CITY ST ZIP	South Miami, FL 33143	
3 TITLE	VP	[X] Change [ ] Addition
3 NAME	Petusevsky, Mitchell L.	
3 STREET ADDRESS	7000 SW 62nd Ave. Suite 201	
3 CITY ST ZIP	South Miami, FL 33143	
4 TITLE		[ ] Change [ ] Addition
5 TITLE		[ ] Change [ ] Addition
6 TITLE		[ ] Change [ ] Addition

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)(i), Florida Statutes. I further certify that the information indicated on the 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: X [signature] Mitchell L Petusevsky, MD X 1/19/95 X 305 661 9404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0150050 CP