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 #

SIGNATURE:

495519

(1)

1. Corporation Name			` '						
RICHARD E. LITT, M.D., P.A.						n háirine dhian aguar dhian annar annar an dh	l illi didii arbei bidii didir	Aidh Dhahi 1601	
Principal Phon of Business Mollow Address									
Principal Place of Business			Mailing Address						
12850 S.W. 71ST AVENUE									
							3. Date Incorporated or Qualified	3a. Date of Last R	•
2. Principal Place of Busine			Mailing Address				05/14/1976 4. FELNumber	04/20/19	
21	325	2a. 26	Mailing Address				59-1671254	<u> </u>	Applied For Not Applicable
Suite, Apt. #, etc.		- ==1	Suite, Apt. #, etc.					\$8.75	Additional
22 V800 TOL	£00 ST 16	27	V400	Tax	. 00	57.4	5. Certificate of Status Desired		Required
	Sure E	F i	City & Spite	Car	211	SFE	b. Election Campaign Financing		О Мау Ве
23 BONAL GA	Country In	28	COIME		>८€ untry	SIT	Trust Fund Contribution 8. This corporation has liability for it	Added	to Fees
24 33134	25 TOADE	29	33/34	30	D	ANI		No Discours	199.032,
9 Name	and Address of Currer	nt Regist	ered Agent				10. Name and Address of New R	egistered Agent	
					81	Name			
PRESS, MARTIN R.					82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)	
500 E BROWARD BLVD					83				
STE 1130	-1 00004				63				
FT LAUDERDALE F	-L 33394				84	City		FL 85 Zij	Code
11. Pursuant to the provise	ons of Sections 607.0502	2 and 607	7.1508, Florida Statute	s, the ab	ove-r	L named corpora	ation submits this statement for the pur	noce of changing ite r	egistered office
or registered agent, or	both, in the State of Flori at the obligations of, Sect	ida. Such	change was authorize	ed by the	corp	oration's boar	d of directors. I hereby accept the appr	ointment as régistered	agent. I am
SIGNATURE	,		,						
Singracine, types o	or pented name of regis erect agest					и signature required		DATE	
12.	OFFICERS AND		DELETE		13.		ADDITIONS/CHANGES TO OFF	Change	RS IN 12
10	CHARD E.		[] bearing		NAME	:		<i></i>	☐ Addition
	3:W. 71ST AVENUE					ADDRESS	V800 TOLE-PO ST CONAL GABLES, F	- * 6	,
CIY-SI-ZP -MIAMIT					CITY - S	31 - ZIP	CORAL GABLES . F.	33/34	
105			☐ DELETE	2 1	TILLE			Change	Addition
NAM:				221	NAME				
STREET ADURESS				23	STRFEI	ADDRESS			
OTY \$1.7P			Troit is		CITY - S	ST-ZIP		D 01	Fig. 1 days
1 IEF NAME			DELFTE		TITLE NAMÉ			☐ Change	Addition
STREET ADDRESS						1 ADDRESS			
City St. ZiP					CITY - S				
TITLE			☐ DEL€TE.		PILE			☐ Change	Addition
NAME				4.2	NAME				
STREET ACORESS				43	STREET	ADDRESS			•
CUA St. ZEI			Fig Derett		CITY - S	ST - Z:P			
NAME			DELETE		TITLE			☐ Change	Addition
STREET ACCRESS					NAME Sirest	ADDRESS			
CITY ST ZIP					OITY-S				
Hite			DELETE		11"LE			☐ Change	Addition
NAME				62	NAME				
STELL ADDRESS				63	STHEET	ADDRESS			
CHY ST ZIP	g gaveg				CITY - S				
 certify that the informat 	tion indicated on this anni	ual report	t or supplementat ann	ual report	is tru	ie and accura	or the exemption stated in Section 119 ite and that my signature shall have the s report as required by Chapter 607, FI	same lengt affect as it	l made under

NTED NAME OF SIGNING OFFICER OF DIRECTOR

305-668-6511