

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 506937 (2)

1. Corporation Name  
**SAKETKOO & PINES, M.D.'S, P.A.**



Principal Place of Business: 2500 E. HALLANDALE BEACH BLVD. ROOM 505 HALLANDALE FL 33009  
Mailing Address: 2500 E. HALLANDALE BEACH BLVD. ROOM 505 HALLANDALE FL 33009

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

3. Date Incorporated or Qualified: 07/01/1976  
3a. Date of Last Report: 06/29/1995  
4. FEI Number: 59-1674816 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 [checked] No

9. Name and Address of Current Registered Agent  
**SAKETKOO M.D., GOODARZ  
2500 E. HALLANDALE BEACH BLVD.  
SUITE 505  
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 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 officer 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: 11/31/96

12. OFFICERS AND DIRECTORS

1. TITLE	PTD	<input type="checkbox"/> DELETE
2. NAME	SAKETKOO, GOODARZ	
3. STREET ADDRESS	2500 E. HALLANDALE BEACH BLVD.	
4. CITY, ST, ZIP	HALLANDALE FL 33009	
5. TITLE	VS	<input type="checkbox"/> DELETE
6. NAME	PINES, JACK	
7. STREET ADDRESS	2500 E. HALLANDALE BEACH BLVD.	
8. CITY, ST, ZIP	HALLANDALE FL 33009	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 11/31/96 9544656500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E034 (12/95)