FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 23 PM 3:05

DOCUMENT # 512492 (0)

1. Corporation Name
NOEL R. ZUSMER, M.D., P.A.

Principal Place of Business
5151 COLLINS AVE #820
MIAMI BEACH FL 33140

Mailing Address
5151 COLLINS AVE #820
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1976
3a. Date of Last Report: 01/28/1994

2. Principal Place of Business
21 9300 W. BAY HARBOR DR.
22 Suite, Apt. #, etc. BAY HARBOR
23 City & State FLA.
24 Zip 33154
25 Country U.S.A.

2a. Mailing Address
26 9300 W. BAY HARBOR DR.
27 Suite, Apt. #, etc. BAY HARBOR
28 City & State FLA.
29 Zip 33154
30 Country U.S.A.

4. FEI Number: 59-1690858 [ ] 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
LEVINSON, EDWARD E.
407 LINCOLN RD
MIAMI BEACH FL 33139

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 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZUSMER, NOEL R.
STREET ADDRESS	5151 COLLINS AVE #820
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		[ ] Delete [ ] Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete [ ] Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete [ ] Add
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete [ ] Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: Noel R. Zusmer M.D. 1/29/95 305 674 5921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0149020 CP