

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 522827

1. Corporation Name

WALTER P. GARST, M.D., P.A.

131-96 B 0549 C
(5)



Principal Place of Business

999 SOUTH BAYSHORE DRIVE
MIAMI FL 33131

Mailing Address

999 SOUTH BAYSHORE DRIVE
MIAMI FL 33131

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

GARST, WALTER P.
999 SOUTH BAYSHORE DRIVE
MIAMI FL

3. Date Incorporated or Qualified 01/04/1977	3a. Date of Last Report 02/14/1995
4. FEI Number 59-1708657	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 607.0602 and 607.1506, 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 607.0205, Florida Statutes.

EXEMPTION

12. Officers and Directors

13. Additions/Changes to Officers and Directors in 12

12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
1. NAME	PD GARST, WALTER P.
2. STREET ADDRESS	999 SOUTH BAYSHORE DR.
3. CITY, ST., ZIP	MIAMI FL
4. TITLE	
5. NAME	
6. STREET ADDRESS	
7. CITY, ST., ZIP	
8. TITLE	
9. NAME	
10. STREET ADDRESS	
11. CITY, ST., ZIP	
12. TITLE	
13. NAME	
14. STREET ADDRESS	
15. CITY, ST., ZIP	
16. TITLE	
17. NAME	
18. STREET ADDRESS	
19. CITY, ST., ZIP	
20. TITLE	
21. NAME	
22. STREET ADDRESS	
23. CITY, ST., ZIP	
24. TITLE	
25. NAME	
26. STREET ADDRESS	
27. CITY, ST., ZIP	
28. TITLE	
29. NAME	
30. STREET ADDRESS	
31. CITY, ST., ZIP	
32. TITLE	
33. NAME	
34. STREET ADDRESS	
35. CITY, ST., ZIP	
36. TITLE	
37. NAME	
38. STREET ADDRESS	
39. CITY, ST., ZIP	
40. TITLE	
41. NAME	
42. STREET ADDRESS	
43. CITY, ST., ZIP	
44. TITLE	
45. NAME	
46. STREET ADDRESS	
47. CITY, ST., ZIP	
48. TITLE	
49. NAME	
50. STREET ADDRESS	
51. CITY, ST., ZIP	
52. TITLE	
53. NAME	
54. STREET ADDRESS	
55. CITY, ST., ZIP	
56. TITLE	
57. NAME	
58. STREET ADDRESS	
59. CITY, ST., ZIP	
60. TITLE	
61. NAME	
62. STREET ADDRESS	
63. CITY, ST., ZIP	
64. TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	
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	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST., ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST., ZIP	
25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME	
27. STREET ADDRESS	
28. CITY, ST., ZIP	
29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME	
31. STREET ADDRESS	
32. CITY, ST., ZIP	
33. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. NAME	
35. STREET ADDRESS	
36. CITY, ST., ZIP	
37. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
38. NAME	
39. STREET ADDRESS	
40. CITY, ST., ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST., ZIP	
45. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
46. NAME	
47. STREET ADDRESS	
48. CITY, ST., ZIP	
49. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
50. NAME	
51. STREET ADDRESS	
52. CITY, ST., ZIP	
53. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
54. NAME	
55. STREET ADDRESS	
56. CITY, ST., ZIP	
57. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
58. NAME	
59. STREET ADDRESS	
60. CITY, ST., ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 included 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 of changes or additions attached with an address.

SIGNATURE: *Walter P. Garst*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 374-1888
Date: Daytime Phone #

CR2E034 (12/95)