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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 547051

(3)

1. Corporation Name

DONALD MINERVINI, M.D., P.A.

Principal Place of Business

1680 MICHIGAN AVENUE
SUITE 1000
MIAMI BEACH FL 33139

Mailing Address

1680 MICHIGAN AVENUE
SUITE 1000
MIAMI BEACH FL 33139

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

30

RUFFNER, CHARLES L. ESQ.
3001 SW 3RD AVE #100
MIAMI FL 33129

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 607.0102 and 607.1502, 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, the undersigned, a legal representative of the corporation, am familiar with and accept the obligations of Section 607.0102, Florida Statutes.

SIGNATURE

Signature of person authorized to change registered office or agent

Signature of Agent for change of office or agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	NAME	MINERVINI, DONALD	11 TITLE	
STREET ADDRESS	1680 MICHIGAN AVENUE	12 NAME		13 STREET ADDRESS	
CITY, ST, ZIP	MIAMI BEACH FL	14 CITY, ST, ZIP		15 CITY, ST, ZIP	
TITLE		16 NAME		17 STREET ADDRESS	
NAME		18 CITY, ST, ZIP		19 CITY, ST, ZIP	
STREET ADDRESS		20 NAME		21 STREET ADDRESS	
CITY, ST, ZIP		22 CITY, ST, ZIP		23 CITY, ST, ZIP	
TITLE		24 NAME		25 STREET ADDRESS	
NAME		26 CITY, ST, ZIP		27 CITY, ST, ZIP	
STREET ADDRESS		28 NAME		29 STREET ADDRESS	
CITY, ST, ZIP		30 CITY, ST, ZIP		31 CITY, ST, ZIP	
TITLE		32 NAME		33 STREET ADDRESS	
NAME		34 CITY, ST, ZIP		35 CITY, ST, ZIP	
STREET ADDRESS		36 NAME		37 STREET ADDRESS	
CITY, ST, ZIP		38 CITY, ST, ZIP		39 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		12 NAME		13 STREET ADDRESS	
14 CITY, ST, ZIP		15 CITY, ST, ZIP		16 NAME	
17 STREET ADDRESS		18 CITY, ST, ZIP		19 CITY, ST, ZIP	
20 NAME		21 STREET ADDRESS		22 CITY, ST, ZIP	
23 CITY, ST, ZIP		24 NAME		25 STREET ADDRESS	
26 CITY, ST, ZIP		27 NAME		28 STREET ADDRESS	
29 CITY, ST, ZIP		30 NAME		31 STREET ADDRESS	
32 CITY, ST, ZIP		33 NAME		34 STREET ADDRESS	
35 CITY, ST, ZIP		36 NAME		37 STREET ADDRESS	
38 CITY, ST, ZIP		39 NAME		40 STREET ADDRESS	
41 CITY, ST, ZIP		42 NAME		43 STREET ADDRESS	
44 CITY, ST, ZIP		45 NAME		46 STREET ADDRESS	
47 CITY, ST, ZIP		48 NAME		49 STREET ADDRESS	
50 CITY, ST, ZIP		51 NAME		52 STREET ADDRESS	
53 CITY, ST, ZIP		54 NAME		55 STREET ADDRESS	
56 CITY, ST, ZIP		57 NAME		58 STREET ADDRESS	
59 CITY, ST, ZIP		60 NAME		61 STREET ADDRESS	
62 CITY, ST, ZIP		63 NAME		64 STREET ADDRESS	
65 CITY, ST, ZIP		66 NAME		67 STREET ADDRESS	
68 CITY, ST, ZIP		69 NAME		70 STREET ADDRESS	
71 CITY, ST, ZIP		72 NAME		73 STREET ADDRESS	
74 CITY, ST, ZIP		75 NAME		76 STREET ADDRESS	
77 CITY, ST, ZIP		78 NAME		79 STREET ADDRESS	
80 CITY, ST, ZIP		81 NAME		82 STREET ADDRESS	
83 CITY, ST, ZIP		84 NAME		85 STREET ADDRESS	
86 CITY, ST, ZIP		87 NAME		88 STREET ADDRESS	
89 CITY, ST, ZIP		90 NAME		91 STREET ADDRESS	
92 CITY, ST, ZIP		93 NAME		94 STREET ADDRESS	
95 CITY, ST, ZIP		96 NAME		97 STREET ADDRESS	
98 CITY, ST, ZIP		99 NAME		100 STREET ADDRESS	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report is supplemental information reported in 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 of this report. If changes have been made to the information provided, please indicate the changes in Block 13.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (305) 531-7407

CR2E034 (12/95)