

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 29 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 547625 (4)**

1. Corporation Name  
**ISIDORO GUN, M.D., F.A.C.S., P.A.**



Principal Place of Business <b>%STUART S. ROSENTHAL 800 E. CYPRESS CREEK RD. #303 FT. LAUDERDALE FL 33334</b>	Mailing Address <b>%STUART S. ROSENTHAL 800 E. CYPRESS CREEK RD. #303 FT. LAUDERDALE FL 33334-3534</b>
--	---

2. Principal Place of Business 21 <b>555 S. W. 12th Avenue</b> Suite, Apt. #, etc. 22 <b>Suite 101</b> City & State 23 <b>Pompano Beach, FL</b> Zip 24 <b>33069</b> Country 25	2a. Mailing Address 26 <b>555 S. W. 12th Avenue</b> Suite, Apt. #, etc. 27 <b>Suite 101</b> City & State 28 <b>Pompano Beach, FL</b> Zip 29 <b>33069</b> Country 30
--	---

3. Date Incorporated or Qualified <b>09/26/1977</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1767794</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GUN, ISIDORO M.D.  
7421 N. UNIVERSITY DR.  
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81 Name <b>Stuart S. Rosenthal, Esq.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>555 S. W. 12th Avenue</b>
83 Suite <b>Suite 101</b>
84 City <b>Pompano Beach</b>
85 State <b>FL</b>
86 Zip Code <b>33069</b>

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: Stuart S. Rosenthal, Esq. DATE: 1/21/97

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>GUN, ISIDORO M.D.</b>	
STREET ADDRESS <b>7421 N. UNIVERSITY DR.</b>	
CITY - ST - ZIP <b>TAMARAC FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

14. I do hereby 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: Isidoro Gun DATE: 4/17/97 (914) 722 1020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)