

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 26 AM 10:18

TALLAHASSEE, FLORIDA

DOCUMENT # 549406 (7)

1. Corporation Name
A. RAZZAK TAI, M.D., P.A.

Principal Place of Business: 4316 TIDEWATER DR SUITE 10 ORLANDO FL 32812 US
Mailing Address: 4316 TIDEWATER DR SUITE 10 ORLANDO FL 32812 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1977
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-1772243
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Director Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 595 OAK COMMONS BLVD. SUITE A KISSIMMEE, FL 34741 OSCEOLA
2a. Mailing Address: 25 595 OAK COMMONS BLVD. SUITE A KISSIMMEE, FL 34741 OSCEOLA

9. Name and Address of Current Registered Agent
TAI, ABDUR RAZZAK
595 OAK COMMONS BLVD
SUITE A
KISSIMMEE FL 34741

10. Name and Address of Now Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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: _____ (Signature of current registered agent and for application) (NOT Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	TAI, A RAZZAK
STREET ADDRESS	595 OAK COMMONS BLVD STE A
CITY, ST, ZIP	KISSIMMEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS CHANGED TO THE OFFICERS AND DIRECTORS LIST

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 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 110.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *A. Razzak Tai*
A. RAZZAK TAI

7.23.95

CR2E034 (3/95)