Suite, Apt. #, etc.       Suite, Apt. #, etc.       5. Certificate of Status Desired         22       27       City & State       5. Certificate of Status Desired         23       28       City & State       5. Election Campaign Financing Trust Fund Contribution         24       25       29       30       Finite Statutes       10. Name and Address of Current Registered Agent         5. F. & F. REGISTERED AGENTS, INC. 200 SO. BISCAYNE BLVD., SUITE 4310 MIAMI FL 33131       81       Name         82       Street Address (P.O. Box Number is Not Acceptable B3       82         83       84       City         11. Pursuant to the provisions of Stockins 607 (502 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the pur office or registered agent, or both, in the State of Florida. Such change was eatinized by the corporation submits this statement for the pur office or registered agent, or both, in the State of Florida. Such change was eatinized by the corporation submits this statement for the pur office or registered agent, or both, in the State of Florida. Such change was eatinized by the corporation's board of directors. I hereby accept agent. Tam harmitar with, and accept the obligations of, Section 607, 0505, Florida Statutes         SIGNATUHE       OFFICER'S AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICE         11. Pursuant to the provide med tell Parketake.       (NOTE Registered Agent signature regulard when remating)       .         12.       OFFICER'S AND	3a. Date of Last F         04/03/1996         A         N         \$8.75         Fee R         \$5.00         Added         tangible tax under s         Yes         No         Istered Agent         e)         FL         PS         Zip         Inte appointment as         DATE	Report pplied For lot Applicable Additional lequired May Be to Fees s. 199,032, Code its registered
EUGENE L. GITIN, M.D. CORPORATION         Principal Place of Business         Mailing Address         TRY FIGHER ISLAND DR. FIGHER ISLAND DR. FIGHER ISLAND DR. FIGHER ISLAND FL 33100-1029 US         Site, RSLAND DR. FIGHER ISLAND FL 33100-1029 US         2. Principal Place of Business         2. Mailing Address         Country         Suite, Apt. #, etc.         Soute, Apt. #, etc.         Soute, Apt. #, etc.         Country         Zip         Country         Zip         Country         Site, Apt. #, etc.         Site	Sa. Date of Last F         04/03/1996         A         N         \$8.75         Fee R         \$5.00         Added         tangible tax under s         Yes       No         ilstered Agent         e)         FL       85         Zip         prose of changing i         the appointment as         DATE	Report pplied For lot Applicable Additional tequired May Be to Fees s. 199,032, Code its registered
Principal Place of Business     Maning Address       787 FRSHER ISLAND DR. FISHER ISLAND PL.     Interview Interv	Sa. Date of Last F         04/03/1996         A         N         \$8.75         Fee R         \$5.00         Added         tangible tax under s         Yes       No         ilstered Agent         e)         FL       85         Zip         prose of changing i         the appointment as         DATE	Report pplied For lot Applicable Additional tequired May Be to Fees s. 199,032, Code its registered
Principal Place of Business     Maning Address       787 FRSHER ISLAND DR. FISHER ISLAND PL.     Interview Interv	Sa. Date of Last F         04/03/1996         A         N         \$8.75         Fee R         \$5.00         Added         tangible tax under s         Yes       No         ilstered Agent         e)         FL       85         Zip         prose of changing i         the appointment as         DATE	Report pplied For lot Applicable Additional tequired May Be to Fees s. 199,032, Code its registered
FishER ISLAND FL 33108-1029       FishER ISLAND FL 33108-1031         US       3. Data Incorporated or Qualified 10/11/1977         2. Principal Prace of Business       2a. Mailing Address         21       26         22       27         City & State       City & State         22       27         City & State       City & State         23       28         Zip       Country         28       29         20       20         21       29         20       20         21       29         20       Country         21       20         22       29         20       Country         21       20         22       29         20       20         21       20         20       20         21       20         20       20         21       20         22       21         23       20         31       Name and Address of New Pegl         32       Street Address (P.O. Box Number is Not Acceptable         83       2	04/03/1996         A         N         Ree R         \$8.75         Fee R         \$5.00         Added         tangible tax under s         Yes         No         listered Agent         e)         FL         PS         Zip         the appointment as         DATE	pplied For lot Applicable Additional lequired May Be to Fees s. 199,032, Code
10/11/1977         2. Principal Place of Business       2a. Mailing Address       4. FEI Number         21       26       59-1775320         Suite, Apt. #, etc.       Suite, Apt. #, etc.       5. Certificate of Status Desired         22       27       5. Certificate of Status Desired         23       27       5. Certificate of Status Desired         24       25       27       5. Election Campaign Financing         29       20       Country       8. This corporation has liability for int Fiorida Statutes       10. Name and Address of New Regil         29       29       30       Find Statutes       10. Name and Address of New Regil         30       S.F. & F. REGISTERED AGENTS, INC. 200 SO. BISCAYNE BLVD., SUITE 4310 MIAMI FL 33131       81       Name         31       Name and Address of Country of both, in the State of Forida Such change was subhorized by the corporation submits this statement for the purple office or registered agent, or both, in the State of Forida Such change was subhorized by the corporation's board of directors. I hereby accept agent. Lan familiar with, and accept the obligations of, Section 607 565, Forida Statutes       11. The Elevend agent agent and for the purple office or registered agent, or both, in the State of Forida Such change was authorized by the corporation's board of directors. I hereby accept agent. Lan familiar with, and accept the obligations of, Section 607 565, Forida Statutes       12.         10. FILEE S AND DIRECTORS </td <td>04/03/1996         A         N         Ree R         \$8.75         Fee R         \$5.00         Added         tangible tax under s         Yes         No         listered Agent         e)         FL         PS         Zip         the appointment as         DATE</td> <td>pplied For lot Applicable Additional lequired May Be to Fees s. 199,032, Code</td>	04/03/1996         A         N         Ree R         \$8.75         Fee R         \$5.00         Added         tangible tax under s         Yes         No         listered Agent         e)         FL         PS         Zip         the appointment as         DATE	pplied For lot Applicable Additional lequired May Be to Fees s. 199,032, Code
2. Principal Piace of Business       2a. Mailing Address       4. FEI Number         21)       Suite, Apt. #, etc.       59-17753200         Suite, Apt. #, etc.       Suite, Apt. #, etc.       5. Certificate of Status Desired         22       27       Country       5. Certificate of Status Desired         23       29       20       Country       8. Election Campaign Financing         24       25       29       30       This corporation has liability for int         24       25       29       30       Name and Address of Current Registered Agent       8. This corporation has liability for int         20       So. BiSCAYNE BLVD, SUITE 4310       MIAMI FL 33131       81       Name         83       agent.1 and familiar with, and accept the obligations of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the puroffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept agent and familiar with, and accept the obligations of. Section 607.0502 for da Statutes       83         SIGNATUFE       Signature required when rectating)       11. The state or incode acce or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept agent, or both, in the obligations of	No     Standard Agent     Solution     Solution	Additional tequired May Be to Fees s. 199,032, Code its registered
Suite. Apt. #, etc.       Suite. Apt. #, etc.       5. Certificate of Status Desired         22       27       City & State       6. Certificate of Status Desired         23       29       Country       29       30       Trust Fund Contribution         24       25       29       30       Fiorida Statutes       10. Name and Address of Current Registered Agent       10. Name and Address of New Regi         24       25       29       30       Street Address of Current Registered Agent       10. Name and Address of New Regi         24       25       29       30       Street Address of Current Registered Agent       10. Name and Address of New Regi         26       Street Address of Current Registered Agent       10. Name and Address of New Regi       81         27       Street Address of Current Registered Agent       81       Name         20       Street Address of Current Registered Agent       82       Street Address (P.O. Box Number is Not Acceptable         83       84       City       B3       84       City         11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the pure of the obligation of 0.050, Florida Statutes       83         SIGNATUPE       Submit and mature with the obligations of Section of 0.050, Storida Statutes		Additional lequired May Be to Fees s. 199,032, Code
22       27       City & State       Election Campaign Financing         23       2a       Trust Fund Contribution       Trust Fund Contribution         24       25       29       30       Fiorda Statutes       Image: State St	\$5.00         Added         itangible tax under s         Yes       No         listered Agent         e)         FL       85       Zip         prose of changing it the appointment as         DATE	May Be I to Fees s. 199,032, Code
Zip       Country       Zip       Country       4. This corporation has liability for int Florida Statutes         24       25       29       30       Florida Statutes       10. Name and Address of New Regil         3. Name and Address of Current Registered Agent       10. Name and Address of New Regil       10. Name and Address of New Regil         S.F. & F. REGISTERED AGENTS, INC. 200 SO. BISCAYNE BLVD., SUITE 4310       81       Name         MIAMI FL 33131       82       Street Address (P.O. Box Number is Not Acceptable         83       84       City         11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes         SIGNATURE       Spoke, tpeter current funct or involution agent and their applicable.       NOTE Regetend Agent signature required when remaining)         12.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICE         Iftle       DELETE       11 Three         Iftle       IDELETE       12 NAME         STREET ADDRESS       STREET ADDRESS       23 NAME         City-ST-2P       Inter       IDELETE       31 Three <t< td=""><td>Added tangible tax under s Yes No istered Agent e)  FL 85 Zip urpose of changing i the appointment as DATE</td><td>I to Fees s. 199,032, Code</td></t<>	Added tangible tax under s Yes No istered Agent e)  FL 85 Zip urpose of changing i the appointment as DATE	I to Fees s. 199,032, Code
24       25       29       30       Florida Statutes         9. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         S.F. & F. REGISTERED AGENTS, INC.       200 SO. BISCAYNE BLVD., SUITE 4310       81       Name         MIAMI FL 33131       83       83       83         84       City       84       City         11. Pursuant to the previsions of Sections 607.0502 and 607.1608. Florida Statutes, the above-named corporation submits this statement for the put office or registered agent, or both, in the State of Florida. Such of Agent agent authorized by the corporation's board of directors. I hereby accept agent, with, and accept the obligations of, Soch of 0505. Florida Statutes.         SIGNATUFE       Signature registered agent and life of specicable.       (NOTE Registered Agent algoniture regulated when reretating)         12.       OFFICE RS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICE         NAME       GTIN, EUGENE M.D.       13 STREET ADDRESS       ADDITIONS/CHANGES TO OFFICE         TITLE       ID DELETE       11 Activity: S1-2P       21 NAME         STREET ADDRESS       STREET ADDRESS       23 STREET ADDRESS       23 STREET ADDRESS         CITY-S1-2P       ID DELETE       31 TITLE       21 NAME         NAME       STREET ADDRESS       23 STREET ADDRESS	Yes No Istered Agent e) FL 85 Zip prose of changing i the appointment as DATE	Code fis registered
S.F. & F. REGISTERED AGENTS, INC. 200 SO. BISCAYNE BLVD., SUITE 4310     81     Name       B1     Name     82     Street Address (P.O. Box Number is Not Acceptable B3       B2     Street Address (P.O. Box Number is Not Acceptable B3       B1     Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pur 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 agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes       SIGNAT UPRE     B3       Signata, tread or provide name of registered agent and table if applicable.     (NOTE Registered Agent signature required when reinstating)       12.     OFFICE RS AND DIRECTORS     13.       ADDITIONS/CHANGES TO OFFICE ITHLE     DELETE     11 IffLE       NAME     GITIN, EUGENE M.D. 7957 FISHER ISLAND DR. 13 STREET ADDRESS     13 STREET ADDRESS       FISHER ISLAND FL     I DELETE     11 IffLE       NAME     22 NAME     23 STREET ADDRESS       SIGNAT SS     24 City-S1-ZiP     24 City-S1-ZiP       IffLe     I DELETE     31 IffLe       NAME     32 STREET ADDRESS     24 City-S1-ZiP	e) FL 85 Zip prose of changing i the appointment as DATE	its registered
MIAMI FL 33131     B3       83     84       City         11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the pur 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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.       SIGNATURE       Signature types or provide here of registered agent and later applicable.       Intre       PD       Intre       Intre       PD       Intre       Intre       PD       Intre       Intre </td <td>FL 85 Zip urpose of changing in the appointment as</td> <td>its registered</td>	FL 85 Zip urpose of changing in the appointment as	its registered
83       83         84       City         11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pur agent. 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes         Signum: types or circled hars of registered agent and life if explicable.         Signum: types or circled hars of registered agent and life if explicable.         INTEE Signum: types or circled hars of registered agent and life if explicable.         INTEE Signum: types or circled hars of registered agent and life if explicable.         INTEE OFFICE RS AND DIRECTORS         13. ADDITIONS/CHANGES TO OFFICE         Intrue         NAME         Signum: types or circled hars of registered agent and life if explicable.         INTEE ADDRESS TO OFFICE RS AND DIRECTORS         The OFFICE RS AND DIRECTORS         The OFFICE RS AND DR.         The OFFICE RS AND FL <t< td=""><td>urpose of changing in the appointment as</td><td>its registered</td></t<>	urpose of changing in the appointment as	its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1608. Florida Statutes, the above-named corporation submits this statement for the pur agent. Lant familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.         SIGNATURE       Signature transformed here of registered agent and life registered Agent signature regulad when reinstating)         12.       OFFICE RS AND DIRECTORS       13.         TILE       OFFICE RS AND DIRECTORS       13.         TILE       OFFICE RS AND DIRECTORS       13.         ADDITIONS/CHANGES TO OFFICE       11 title         NAME       GTIN, EUGENE M.D.       12 NAME         STREET ADDRESS       FISHER ISLAND DR.       1.3 STREET ADDRESS         City-st-zip       IDELETE       1.4 CITY-ST-Zip         TITLE       IDELETE       2.3 STREET ADDRESS         City-st-zip       IDELETE       2.3 STREET ADDRESS         STREET ADDRESS       2.3 STREET ADDRESS         City-st-zip       IDELETE       2.1 TITLE         NAME       2.3 STREET ADDRESS       2.3 STREET ADDRESS         City-st-zip       IDELETE       3.1 TITLE         NAME       2.4 CITy-St-ZiP       2.4 CITy-St-ZiP         TITLE       IDELETE       3.1 TITLE         NAME       3.2 NAME       3.2 NAME	urpose of changing in the appointment as	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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.         SiGNATURE         Signature types or printed name of registered agent and lifte if applicable.         (NOTE Registered Agent signature required when reinstating)         12.         OFFICE RS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICE         THE         PD         GITTIN, EUGENE M.D.         12.         OFFICE RS AND DIRECTORS         MAME         STREET ADDRESS         GITTIN, EUGENE M.D.         13 STREET ADDRESS         CITY-ST-ZIP         FISHER ISLAND DR.         14 CITY-ST-ZIP         THE         NAME         STREET ADDRESS         CITY-ST-ZIP         THE         NAME         STREET ADDRESS         CITY-ST-ZIP         THE <td< td=""><td>urpose of changing to the appointment as</td><td>its registered s registered</td></td<>	urpose of changing to the appointment as	its registered s registered
TITLE       PD       DELETE       11 TITLE         NAME       G/TIN, EUGENE M.D.       12 NAME         STREET ADDRESS       7957 FISHER ISLAND DR.       1.3 STREET ADDRESS         CITY-ST-ZIP       14 CITY-ST-ZIP         THLE       DELETE       21 TITLE         NAME       22 NAME         STREET ADDRESS       23 STREET ADDRESS         CITY-SI-ZIP       2.4 CITY-ST-ZIP         TITLE       DELETE       31 TITLE         NAME       32 NAME	THE AND DIRECTOR	DC IN 40
STREET ADDRESS     7957     FISHER ISLAND DR.     1.3 STREET ADDRESS       CITY - ST - ZIP     1.4 CITY - ST - ZIP       THLE	Change	
CITY-ST-ZIP       FISHER ISLAND FL       14 CITY-ST-ZIP         THLE		1
NAME         22 NAME           STREET ADDRESS         2.3 STREET ADDRESS           CITY: S1-ZIP         2.4 CITY: ST-ZIP           TITLE		
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TITLE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME		
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TITLE DELETE 41 TITLE NAME 42 NAME	Change	Addition
4.3 STREET ADDRESS	· · ·	
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TAILE         DELETE         5.1 TITLE	Change	Addition
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5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CHTy - ST - ZIP 5.4 CHTy - ST - ZIP		
TITLE 6.1 TITLE	Change	Addition
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS		
CITY-SI-ZIP 14. I do hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	L further certify the	t the
14. Too hereby certify that the information supplied with this him goes hot quality for the exemption stated in Section 119.07(3)(1), Horida Statues, information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal of 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 Statues, appears in Block 12 or Block 13 if openged, or on an attachment with an address.	effect as if made un	nder oath; that