

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 564037 (0)			
1. Corporation Name ALBERT A. NARCIS, M.D., P.A.			
Principal Place of Business % PEDRO P. DELGADO, CPA 1320 S. DIXIE HIGHWAY, SUITE 220 CORAL GABLES FL 33146		Mailing Address % PEDRO P. DELGADO, CPA 1320 S. DIXIE HIGHWAY, SUITE 220 CORAL GABLES FL 33146	
2. Principal Place of Business 21 6035 SW 40 ST. Suite, Apt. #, etc. Suite 101 City & State 23 Miami, FL Zip 24 33155 Country 25 USA		2a. Mailing Address 26 P.O. Box 143933 Suite, Apt. #, etc. City & State 28 Coral Gables, FL Zip 29 33114 Country 30 USA	
3. Date Incorporated or Qualified 11/30/1977		4. FEI Number 59-1782857	
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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent DELGADO, PEDRO P CPA 1320 S. DIXIE HWY #220 CORAL GABLES FL 33146		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 607.0502 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: <i>Albert A. Narcis</i> (NOTE: Registered Agent signature required when reinstating) DATE:			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
MD NARCIS, ALBERT A. 20838 SW 118 PLACE MIAMI FL		MD NARCIS, ALBERT A. 6035 SW 40 ST., #101 MIAMI, FL 33155	
[] DELETE		[] Change [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
[] DELETE		[] Change [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
[] DELETE		[] Change [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
[] DELETE		[] Change [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
[] DELETE		[] Change [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
[] DELETE		[] Change [] Addition	



DO NOT WRITE IN THIS SPACE

14. I 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:

Albert A. Narcis

4/30/98 (305) 569-0740

CP2E034 (10/97)