

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **568204** (2)

1. Corporation Name  
**ANTHONY NOWELS, M.D. & ASSOCIATES, P.A.**



Principal Place of Business: ~~20601 SW 157TH AVE~~ MIAMI FL 33187-3702  
Mailing Address: ~~20601 SW 157TH AVE~~ MIAMI FL 33187-3702

3. Date Incorporated or Qualified: **04/10/1978**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-1809366**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$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: **6351 SUNSET DRIVE**  
2a. Mailing Address: **6351 SUNSET DRIVE**  
22. Suite, Apt. #, etc.:  
23. City & State: **SOUTH MIAMI, FLA.**  
24. Zip: **33143** 25. Country:  
26. Suite, Apt. #, etc.:  
27. City & State: **SOUTH MIAMI, FLA.**  
28. Zip: **33143** 29. Country:

9. Name and Address of Current Registered Agent  
**SHEEHE, VENITTELLI L  
201 S. BISCAYNE BLVD.  
#1800 MIAMI CENTER  
MIAMI FL 33131**

10. Name and Address of New Registered Agent  
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: \_\_\_\_\_ (NAME: Registered Agent signature required when incorporating) (DATE: \_\_\_\_\_)

12. OFFICERS AND DIRECTORS

|                 |                     |                                 |
|-----------------|---------------------|---------------------------------|
| TITLE           | PD                  | <input type="checkbox"/> DELETE |
| NAME            | NOWELS, ANTHONY, MD |                                 |
| STREET ADDRESS  | 20601 SW 157TH AVE. |                                 |
| CITY - ST - ZIP | MIAMI FL            |                                 |
| TITLE           | SD                  | <input type="checkbox"/> DELETE |
| NAME            | KAPLAN, BARRY S, MD |                                 |
| STREET ADDRESS  | 20601 SW 157TH AVE. |                                 |
| CITY - ST - ZIP | MIAMI FL            |                                 |
| TITLE           |                     | <input type="checkbox"/> DELETE |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |
| TITLE           |                     | <input type="checkbox"/> DELETE |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |
| TITLE           |                     | <input type="checkbox"/> DELETE |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME            |   |
| 13. STREET ADDRESS  | 6351 SUNSET DRIVE   |
| 14. CITY - ST - ZIP | SOUTH MIAMI, FLA. 33143   |
| 2. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME            |   |
| 23. STREET ADDRESS  | 6351 SUNSET DRIVE   |
| 24. CITY - ST - ZIP | SOUTH MIAMI, FLA. 33143   |
| 3. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME            |   |
| 33. STREET ADDRESS  |   |
| 34. CITY - ST - ZIP |   |
| 4. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME            |   |
| 43. STREET ADDRESS  |   |
| 44. CITY - ST - ZIP |   |
| 5. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME            |   |
| 53. STREET ADDRESS  |   |
| 54. CITY - ST - ZIP |   |
| 6. 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 119.07(3)(k), 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: *Anthony Nowels* 3-11-96 305-689-9660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)