

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

FILED
Jan 22 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 # 568204 (2)
 1. Corporation Name
ANTHONY NOWELS, M.D. & ASSOCIATES, P.A.



Principal Place of Business 8351 SUNSET DRIVE SOUTH MIAMI FL 33143 US	Mailing Address 6351 SUNSET DRIVE SOUTH MIAMI FL 33143 US
--	--

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
04/10/1978

21. Principal Place of Business 9299 S.W. 152ST	26. Mailing Address 9299 S.W. 152ST
22. Suite, Apt. #, etc. Suite #100	27. Suite, Apt. #, etc. Suite #100
23. City & State MIAMI, FLA.	28. City & State MIAMI
24. Zip 33157	29. Zip 33157
25. Country DADE	30. Country DADE

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NOWELS, ANTHONY, MD	
STREET ADDRESS	8351 SUNSET DRIVE	
CITY-ST-ZIP	SOUTH MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KAPLAN, BARRY S, MD	
STREET ADDRESS	8351 SUNSET DRIVE	
CITY-ST-ZIP	SOUTH 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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9299 S.W. 152 ST. #100
1.4 CITY-ST-ZIP	MIAMI, FLA. 33157
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	9299 S.W. 152 ST. #100
2.4 CITY-ST-ZIP	MIAMI, FLA. 33157
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Anthony Nowels* 1-13-98 305-254-3710

CR2E034 (10/97)