

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

FILED
Feb 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 595915 (0)

1. Corporation Name
SAMUEL S. WEINSTEIN, M.D., P.A.



Principal Place of Business: **3000 E. FLETCHER AVE., STE #380 TAMPA FL 33613-1612**
 Mailing Address: **3000 E. FLETCHER AVE., STE #380 TAMPA FL 33613-4645**

3. Date Incorporated or Qualified: **11/30/1978**
 3a. Date of Last Report: **03/26/1996**
 4. FEI Number: **59-1861579**
 Applied For: Not Applicable
 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: **3010 E. 138th Avenue, Suite 12, Tampa, Florida 33613**
 2a. Mailing Address: **3010 E. 138th Avenue, Suite 12, Tampa, Florida 33613**

9. Name and Address of Current Registered Agent: **WEINSTEIN, SAMUEL S., M.D. 3000 E FLETCHER, #380 TAMPA, FL. TLFL 33613-1612**
 10. Name and Address of New Registered Agent: **WEINSTEIN, SAMUEL S., M.D. 3010 E. 138th Ave. Suite 12 Tampa FL 33613**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WEINSTEIN, SAMUEL S.		1.2 NAME:	
STREET ADDRESS: 3000 E FLETCHER, #380		1.3 STREET ADDRESS: 3010 E. 138th Ave. Suite 12	
CITY-ST-ZIP: TAMPA FL		1.4 CITY-ST-ZIP: Tampa, FL 33613	
TITLE: ST	<input type="checkbox"/> DELETE	2.1 TITLE: ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WEINSTEIN, SAMUEL S.		2.2 NAME:	
STREET ADDRESS: 3000 E FLETCHER, #380		2.3 STREET ADDRESS: 3010 E. 138th Ave., Suite 12	
CITY-ST-ZIP: TAMPA FL		2.4 CITY-ST-ZIP: Tampa, FL 33613	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do 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: _____ DATE: **2/7/96**

CR2E034 (9/96)