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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 600198

(6)

1. Corporation Name GENERAL PRACTICE ASSOCIATES, P.A. Principal Place of Business Mailing Address C/O LAZAR, MARK 3301 JOHNSON ST HOLLYWOOD FL 33021-5419 1. Corporation Name Mailing Address C/O LAZAR, MARK 3301 JOHNSON ST HOLLYWOOD FL 33021-5419														
US					US				3	 Date Incorporated or Qualified 09/03/1963 	02/13/1996			
	2. Principa! Place of Business				2a. Mailing Address				4	I. FEI Number		 	pplied For	
21	Suite, Apt #, etc.				Suite, Apt. #, etc.				+	59-1011403 Por Applic S8.75 Addition				
22					27					5. Certificate of Status Desired			lequired	
23	City & State)			ity & State			•	Election Campaign Financing Trust Fund Contribution			May Be to Fees		
	Zip	Country Zip			ip qi	Country			8	3. This corporation has liability for i			s. 199.032,	
24			25 29 30						Fiorida Statutes Yes No 10. Name and Address of New Registered Agent					
	1 4 7		and Address of Curre	nt Registe	red Agent		81	Name	1(0. Name and Address of New Re	gistered .	Agent		
LAZAR, MARK 3301 JOHNSON ST HOLLYWOOD FL 33021														
							82	Street Add	ddress (P.O. Box Number is Not Acceptable)					
							83					·····		
							84	City				85 Zip	Code	
								' FL						
Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of choffice 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 appoin agent. Lam fam har with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typical or protect name of registrated agent and take if applicable. (NOTE: Registered Agent signature required when reinstating). DATE												ointment a	s registered	
1	2.	OFFICERS AND DIRECTOR				13.	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND			
٠Ti	TLF	ST			DELETE	1.1 7	ITLE					Change	Addition	
	AME	WERBIN,					IAME							
1	STREET ADDRESS 3301 JOHNSON ST OUTV- ST-7/P HOLLYWOOD, FL 00000				1			ADDRESS						
-	ITY+ST-ZIP TLE	Market Control of the					HTV-S	ST - ZIP				Change	Addition	
	AME	LAZAR, I	MARK		DELETE		IAME							
1	TREET ADDRESS	MANA INCIDIONAL OT						ADDRESS						
CI	ITY-ST-7IP	HOLLYW	OOD FL		2.40			ST-ZIP						
JI	ħŧ				DELETE	3.11	iTLE					Change	Addition	
N	AME					3.2 !	IAME							
51	TREET ADDRESS					3.3 9	STREET	ADDRESS						
	TY-ST-ZIP				DELETE			ST-ZIP		· · · · · · · · · · · · · · · · · · ·	,	C	A Addison	
) ·	TLE				☐ DELETE	1	TITLE	}				Change	Addition	
l	AVE						NAME							
	TREET ADDRESS							ADDRESS						
	TLE				DELETE		TITLE	ST-ZIP				Change	Addition	
	AME						IAME							
} `	TREET ADDRESS					1		ADDRESS						

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 armual report of 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 chartied, by an affiathment with an address.

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

63 STREET ADDRESS

61 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-Z-P

TITLE

NAME

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

11796

Daytime Phone #

Change

Addition

FILED

Jan 24 1997 8:00am

Secretary of State

ie Phone #