

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

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**Mar 11 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 # 600276 (0)
1. Corporation Name
MILLER, KULVIN AND POOLE, M.D., P.A.



Principal Place of Business Mailing Address
4300 ALTON ROAD MIAMI BEACH FL 33140 **4300 ALTON ROAD MIAMI BEACH FL 33140-2849**

3. Date Incorporated or Qualified: **09/29/1967** 3a. Date of Last Report: **12/02/1996**

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Country 30. Country

4. FEI Number: **59-1174369** 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

9. Name and Address of Current Registered Agent
**MILLER, GORDON R M.D.
4300 ALTON ROAD
EYE DEPARTMENT
MIAMI BEACH FL 33140**

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: **FL**

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 checked="" type="checkbox"/> DELETE |
| NAME | MAGOON, ROBERT C | |
| STREET ADDRESS | 4300 ALTON ROAD | |
| CITY - ST - ZIP | MIAMI BEACH FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | KULVIN, STEPHEN | |
| STREET ADDRESS | 4300 ALTON ROAD | |
| CITY - ST - ZIP | MIAMI BEACH FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | MILLER, GORDON R | |
| STREET ADDRESS | 4300 ALTON ROAD | |
| CITY - ST - ZIP | MIAMI BEACH FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | POOLE, TAYLOR G M.D. | |
| STREET ADDRESS | 4300 ALTON ROAD | |
| CITY - ST - ZIP | MIAMI BEACH FL 33140 | |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 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 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: *[Signature]* DATE: **3/10/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 674-2047
Daytime Phone # **0003453**

CR2E034 (9/96)