

**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

**FILED**  
Jul 08 1996 8:00 am  
Secretary of State

**DOCUMENT # 600395**  
1. Corporation Name

**ROBERT C. SIUDMAK, M.D., P.A.**

Principal Place of Business Mailing Address  
**450 North Park Road, 2nd Floor  
Hollywood, FL 33021**

3. Date Incorporated or Qualified **07/02/68** 3a. Date of Last Report **04/28/95**  
4. FEI Number **59-1212934** 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 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

9. Name and Address of Current Registered Agent  
**Beckwith, Dennis M., Administrator  
450 N. Park Rd., Suite 200  
Hollywood, FL 33021**

10. Name and Address of New Registered Agent  
81 Name **Joel Reinstein, Esq.**  
82 Street Address (P.O. Box Number is Not Acceptable) **5355 Town Center Road**  
83 **Suite 801**  
84 City **Boca Raton** FL 85 Zip Code **33486**

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 *Joel Reinstein* DATE **6/14/96**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	DPST
NAME	Siudmak, Robert	1.2 NAME	Siudmak, Robert C.
STREET ADDRESS	10344 Bermuda Drive	1.3 STREET ADDRESS	10344 Bermuda Drive
CITY-ST-ZIP	Hollywood, FL	1.4 CITY-ST-ZIP	Hollywood, FL
TITLE	P	2.1 TITLE	
NAME	Morrison, Sidney E.	2.2 NAME	
STREET ADDRESS	P.O. Box 787 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	Welaka, FL 32193	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	Siudmak, Robert C.	3.2 NAME	
STREET ADDRESS	10344 Bermuda Drive	3.3 STREET ADDRESS	
CITY-ST-ZIP	Hollywood, FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**300001886843**  
**-07/09/96--01013--017**  
**\*\*\*225.00**

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 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: *Robert C. Siudmak*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Robert C. Siudmak, M.D.**

954/961-8303  
CS 7/8/96