

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
Mar 15 1996 8:00 am
Secretary of State

DOCUMENT # 600409 (7)

1. Corporation Name
NIXON, BLAUSTEIN & TUCHMAN-RATZAN, M.D.'S, P.A.



Principal Place of Business: 4300 ALTON ROAD MIAMI BEACH FL 33140
Mailing Address: 4300 ALTON ROAD MIAMI BEACH FL 33140

3. Date Incorporated or Qualified 08/01/1968	3a. Date of Last Report 03/17/1995
4. FEI Number 59-1217259	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 4306 Alton Road 3/F Suite, Apt. #, etc.	22. City & State Miami Beach FL	23. Zip 33140	24. Country	25.	26. Mailing Address 4306 Alton Road 3/F Suite, Apt. #, etc.	27. City & State Miami Beach FL	28. Zip 33140	29. Country	30.
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9. Name and Address of Current Registered Agent

NIXON, DANIEL
4300 ALTON ROAD
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	FL
	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

Signatures of principal officers and directors required and their application

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAUSTEIN, ARNOLD	1.2 NAME	
STREET ADDRESS	4300 ALTON ROAD	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI BEACH FL	1.4 CITY-STATE-ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCHMAN-RATZAN, R. JUDITH	2.2 NAME	
STREET ADDRESS	4300 ALTON ROAD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI BEACH FL	2.4 CITY-STATE-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIXON, DANIEL	3.2 NAME	
STREET ADDRESS	4300 ALTON ROAD	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI BEACH FL	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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3-15-96

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 if made under oath; that I am an officer or director of the corporation or the registrar 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96 305 535 3300

CR2E034 (12/95)