

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

FILED
Feb 28 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 # 600409 (7)
 1. Corporation Name
NIXON, BLAUSTEIN & TUCHMAN-RATZAN, M.D.'S, P.A.



Principal Place of Business
4306 ALTON ROAD 3/F
MIAMI BEACH FL 33140

Mailing Address
4306 ALTON ROAD 3/F
MIAMI BEACH FL 33140-2840

3. Date Incorporated or Qualified
08/01/1968

3a. Date of Last Report
03/15/1996

4. FEI Number
59-1217259

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Country

29 Zip Country

30 Zip Country

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
Nixon, Daniel

82 Street Address (P.O. Box Number is Not Acceptable)
4306 Alton Road

83

84 City
Miami Beach

85 Zip Code
FL 33140

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 _____ DATE _____
Signature typed or printed here if registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VD	<input type="checkbox"/>
NAME	BLAUSTEIN, ARNOLD	
STREET ADDRESS	4300 ALTON ROAD	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	DS	<input type="checkbox"/>
NAME	TUCHMAN-RATZAN, R. JUDITH	
STREET ADDRESS	4300 ALTON ROAD	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	PD	<input type="checkbox"/>
NAME	NIXON, DANIEL	
STREET ADDRESS	4300 ALTON ROAD	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	4306 Alton Road		
1.4 CITY - ST - ZIP	Miami Beach FL 33140		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	4306 Alton Road		
2.4 CITY - ST - ZIP	Miami Beach FL 33140		
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	4306 Alton Road		
3.4 CITY - ST - ZIP	Miami Beach FL 33140		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)