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Mar 21 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 # 600592

(0)

1. Corporation Name
JOSEPH J. SCARLET, M.D., P.A.



Principal Place of Business

**3428 N ROOSEVELT BLVD
 P.O. BOX 2000
 KEY WEST FL 33040**

Mailing Address

**3428 N ROOSEVELT BLVD
 P.O. BOX 2000
 KEY WEST FL 33040-4224**

3. Date Incorporated or Qualified **11/25/1968** 3a. Date of Last Report **04/08/1996**

2. Principal Place of Business
 21. **3428 N Roosevelt Blvd**
 State, Apt. #, etc.

2a. Mailing Address
 26. **SAME**
 Suite, Apt. #, etc.

4. FEI Number **59-1227688** Applied For
 Not Applicable

22. City & State
Key West FLA

27. City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. Zip **33040** 25. County **MONROE**

28. Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Name and Address of Current Registered Agent

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

**KUPERSTEIN, STANLEY
 1401 BRICKELL AVE.
 MIAMI FL**

10. Name and Address of New Registered Agent

81. Name **TIMOTHY J KOENIG**
 82. Street Address (P.O. Box Number is Not Acceptable) **59 FRONT ST**
 83.
 84. City **Key West** 85. Zip Code **33040**

11. Pursuant to the provisions of Sections 607.0402 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 I subscribe to, Section 607.0505, Florida Statutes.

SIGNATURE: *Joseph J. Scarlet MD PA* DATE: **12 MAR 97**
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

12.1 TITLE	PD	<input type="checkbox"/> DELETE
12.2 NAME	SCARLET, JOSEPH J	
12.3 STREET ADDRESS	3428 N. ROOSEVELT BLVD.	
12.4 CITY-STATE-ZIP	KEY WEST FL	
12.5 TITLE		<input type="checkbox"/> DELETE
12.6 NAME		
12.7 STREET ADDRESS		
12.8 CITY-STATE-ZIP		
12.9 TITLE		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY-STATE-ZIP		
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY-STATE-ZIP		
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY-STATE-ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY-STATE-ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY-STATE-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)(f), Florida Statutes. I further certify that the information included 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 of change list, or on an attachment with an address.

SIGNATURE: *Joseph J. Scarlet MD PA* DATE: **12 MAR 97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 305 294 1024

PR2E034 (9/96)