

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

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**Apr 24 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 # 601380 (9)

1. Corporation Name
DRS. TOBIN, ZWIBEL & APTMAN, P.A.



Principal Place of Business: ~~0050 N KENDALL DR #501 MIAMI FL 33176~~
Mailing Address: ~~0050 N KENDALL DR #501 MIAMI FL 33176-2132~~
8940 N. Kendall Dr. # 802E

3. Date Incorporated or Qualified: **09/11/1969**
3a. Date of Last Report: **03/05/1996**

4. FEI Number: **59-1273902**
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 (21-24)
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent
TOBIN, WAYNE E, M.D.
~~0050 N KENDALL DR #501 MIAMI FL 33176~~
8940 N. Kendall Dr. # 802E

10. Name and Address of New Registered Agent (81-85)

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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APTMAN, MICHAEL	1.2 NAME	
STREET ADDRESS	0050 N KENDALL DR #501 MIAMI, FL 00000	1.3 STREET ADDRESS	8940 N. Kendall Dr. # 802E
CITY-ST-ZIP		1.4 CITY-ST-ZIP	33176
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZWIBEL, HOWARD L	2.2 NAME	
STREET ADDRESS	0050 N KENDALL DR #501 MIAMI, FL 00000	2.3 STREET ADDRESS	8940 N. Kendall Dr # 802E
CITY-ST-ZIP		2.4 CITY-ST-ZIP	33176
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBIN, WAYNE E	3.2 NAME	
STREET ADDRESS	0050 N KENDALL DR #501 MIAMI, FL 00000	3.3 STREET ADDRESS	8940 N. Kendall Dr # 802E
CITY-ST-ZIP		3.4 CITY-ST-ZIP	33176
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, STEVE D	4.2 NAME	
STREET ADDRESS	0050 N KENDALL DR #501 MIAMI FL	4.3 STREET ADDRESS	8940 N. Kendall Dr # 802E
CITY-ST-ZIP		4.4 CITY-ST-ZIP	33176
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRAZANA, ENRIQUE J	5.2 NAME	
STREET ADDRESS	0050 N KENDALL DR #501 MIAMI FL	5.3 STREET ADDRESS	8940 N. Kendall Dr # 802E
CITY-ST-ZIP		5.4 CITY-ST-ZIP	33176
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RACHER, DAVID	6.2 NAME	
STREET ADDRESS	8940 N. Kendall Dr # 802E	6.3 STREET ADDRESS	MIAMI, FL 33176
CITY-ST-ZIP	MIAMI, FL 33176	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: **Wayne E. Tobin, Pres. Wayne E. Tobin** Date: **2/14/97** Daytime Phone #: **(305) 595-7641**

CR2E034 (9/96)