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May 07 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 # 602389 (9)

1. Corporation Name
FAMILY MEDICAL ASSOCIATES OF BROWARD, P.A.



Principal Place of Business
150 NW 70 AVE
PLANTATION FL 33317
US

Mailing Address
150 NW 70 AVE
PLANTATION FL 33317-2911
US

3. Date Incorporated or Qualified 09/09/1970
3a. Date of Last Report 04/02/1996

2. Principal Place of Business

2a. Mailing Address

21 140 S.W. 84th Ave

26 140 S.W. 84th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite D

27 Suite D

City & State

City & State

23 Plantation, FL 33324

28 Plantation, FL 33324

Zip

Country

Zip

Country

24 33324

25 Broward

29 33324

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SELBST, ALLAN, M.D.
150 NW 70TH AVE
PLANTATION FL 33317

81 Name

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

140 S.W. 84th Ave

83 Suite D.

84 City

Plantation FL

FL

85 Zip Code 33324

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

Signature, typed or printed name of registered agent, and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
ALVAREZ, JOSE, M.D.
150 N.W. 70TH AVE
PLANTATION FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Change Addition
140 S.W. 84th Ave, Suite B
Plantation, FL 33317

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
SELBST, ALLAN, M.D.
150 N.W. 70TH AVE.
PLANTATION FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Change Addition
140 S.W. 84th Ave Suite D
Plantation FL 33317

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
LANES, GERARDO, M.D.
150 N.W. 70TH AVENUE
PLANTATION FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Change Addition
140 S.W. 84th Ave Suite C
Plantation FL 33317

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
DABUL, ELIAS, M.D.
150 NW 70TH AVE
PLANTATION FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change Addition
140 S.W. 84th Ave Suite C
Plantation FL 33317

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SAEZ, ROBERTO M
150 NW 70 AVE
PLANTATION FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change Addition
140 S.W. 84th Ave, Suite D
Plantation, FL 33317

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change Addition

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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)