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

3. Date Incorporated or Qualified 09/09/1970 3a. Date of Last Report 04/02/1996
4. FEI Number 59-1302248 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 2a. Mailing Address
21 140 S.W. 84 B Ave 26 140 S.W. 84 B 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
SELBST, ALLAN, M.D.
150 NW 70TH AVE
PLANTATION FL 33317

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
140 S.W. 84 B AVE
83 STE D.
84 City Plantation 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: *Allan Selbst*
Signature, typed or printed name of registered agent, and filed if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	ALVAREZ, JOSE, M.D.	
STREET ADDRESS	150 N.W. 70TH AVE	
CITY - ST - ZIP	PLANTATION FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SELBST, ALLAN, M.D.	
STREET ADDRESS	150 N.W. 70TH AVE.	
CITY - ST - ZIP	PLANTATION FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LANES, GERARDO, M.D.	
STREET ADDRESS	150 N.W. 70TH AVENUE	
CITY - ST - ZIP	PLANTATION FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DABUL, ELIAS, M.D.	
STREET ADDRESS	150 NW 70TH AVE	
CITY - ST - ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAEZ, ROBERTO M	
STREET ADDRESS	150 NW 70 AVE	
CITY - ST - ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	140 S.W. 84 B AVE, Suite B
1.4 CITY - ST - ZIP	Plantation, FL 33317
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	140 S.W. 84 B AVE Suite D
2.4 CITY - ST - ZIP	Plantation FL 33317
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	140 S.W. 84 B AVE Suite C
3.4 CITY - ST - ZIP	Plantation FL 33317
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	140 S.W. 84 B AVE Suite C
4.4 CITY - ST - ZIP	Plantation FL 33317
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	140 S.W. 84 B AVE, Suite D
5.4 CITY - ST - ZIP	Plantation, FL 33317
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 as an attachment with an address.

SIGNATURE: *Allan Selbst*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)