

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **604481** (2)

1. Corporation Name
DORIS THOMASI, M.D. P.A.

Principal Place of Business 3050 NE 21ST AVE APT 5 LIGHTHOUSE PT. FL 33064 US	Mailing Address 3050 NE 21ST AVE APT 5 LIGHTHOUSE PT. FL 33064-7468 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/01/1973	3a. Date of Last Report 04/23/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1475057	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent THOMASI, DORIS 9341 E BAY HARBOR DR MIAMI BEACH FL 33154	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	1.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	2.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	3.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	4.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	5.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	6.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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: Doris Thomasi, M.D. 4/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)