FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:20

DOCUMENT # **605169** **(2)**

1. Corporation Name
SCOTT C. STEIN M.D., P.A.

Principal Place of Business
5 W SAMPLE RD
POMPANO BCH FL 33064
US

Mailing Address
5 WEST SAMPLE ROAD
POMPANO BEACH FL 33064
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1974
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1535475 — Applied For / Not Applicable
Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)
5. Certificate of State Debarred [ ] — $8.75 Additional Fee Required
City & State (23) — City & State (28)
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
Zip (24) Country (25) — Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
STEIN, (SCOTT C.)
5 WEST SAMPLE ROAD
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 title if applicable — (R.A. Registered Agent signature required unless operating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEIN, (SCOTT C.)
STREET ADDRESS	5 WEST SAMPLE ROAD
CITY ST ZIP	POMPANO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1994

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	[ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and correct and that my signature below, under the penalties of perjury, 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 above, or in an attachment with an asterisk.

SIGNATURE: Scott C. Stein — 1-10-95 — 305-782-1700
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR
SCOTT C. STEIN

0107458 CP