

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **618419** (6)

1. Corporation Name
ELLIOT M. WORTZEL, M.D., P.A.



Principal Place of Business: **8251 WEST BROWARD BLVD. PLANTATION FL 33324**
Mailing Address: **8251 WEST BROWARD BLVD. PLANTATION FL 33324**

2. Principal Place of Business
21 **201 NW 82ND AVE**
22 **305**
23 **PLANTATION FL**
24 **33324** 25 **BROWARD**
2a. Mailing Address
26 **201 NW 82ND AVE**
27 **305**
28 **PLANTATION FL**
29 **33324** 30 **BROWARD**

3. Date Incorporated or Qualified: **04/10/1979** 3a. Date of Last Report: **01/26/1995**
4. FEIN Number: **59-1902221** 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**WORTZEL, ELLIOT M.
8251 WEST BROWARD BLVD.
PLANTATION FL 33324**

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 607.503, 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 607.0503, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

1. TITLE	DP	<input type="checkbox"/> DELETE
2. NAME	WORTZEL, ELLIOT M.	
3. STREET ADDRESS	8251 W. BROWARD BLVD.	
4. CITY - ST - ZIP	PLANTATION FL	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	DP	
19. STREET ADDRESS	WORTZEL, ELLIOT M. 201 NW 82ND AVE # 305	
20. CITY - ST - ZIP	PLANTATION FL 33324	
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		
25. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME		
27. STREET ADDRESS		
28. CITY - ST - ZIP		
29. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME		
31. STREET ADDRESS		
32. CITY - ST - ZIP		
33. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. NAME		
35. STREET ADDRESS		
36. CITY - ST - ZIP		
37. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
38. NAME		
39. STREET ADDRESS		
40. 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)(k), 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 a statement with an affidavit.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96

CR2E034 (12/95)