

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

FILED  
Apr 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 633639 (0)  
1. Corporation Name  
ALAN J. SHNAPIER, M.D., P.A.

Principal Place of Business 1688 MERIDIAN AVE. 303 MIAMI BEACH FL 33139 US	Mailing Address 1688 MERIDIAN AVENUE 303 MIAMI BEACH FL 33140 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 191915 Suite, Apt. #, etc. 22 City & State 23 MIAMI BEACH, FL Zip 24 33119 Country 25 DADE		2a. Mailing Address 26 P.O. Box 191915 Suite, Apt. #, etc. 27 City & State 28 MIAMI BEACH, FL Zip 29 33119 Country 30 DADE		3. Date Incorporated or Qualified 08/10/1979	
		4. FEI Number 59-1933080		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

SHNAPIER, ALAN J.  
1688 MERIDIAN AVE.  
SUITE 303  
MIAMI BEACH FL 33139

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
TITLE	DP
NAME	SHNAPIER, ALAN J
STREET ADDRESS	1688 MERIDIAN AVENUE, SUITE 303
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	DP
NAME	SHNAPIER ALAN J
STREET ADDRESS	600 HALTON ROAD # 506
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	DP
1.2 NAME	ALAN SHNAPIER M.D.
1.3 STREET ADDRESS	P.O. BOX 191915 N/A
1.4 CITY-ST-ZIP	MIAMI BEACH, FL, 33119
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Alan Shnapier, M.D.* ALAN SHNAPIER-M.D.  
3-13-98/30516732663

CR2E034 (10/97)