

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 635651 (3)

ALBERT R. MARSICO, JR., M.D., P.A.



1. Filing Office

2. Filing Office

9165 PARK DRIVE
MIAMI SHORES FL 33138

9165 PARK DRIVE
MIAMI SHORES FL 33138

2. Filing Office

2a. Mailing Address

21. Filing Office

26. Filing Office

22. Filing Office

27. Filing Office

23. Filing Office

28. Filing Office

24. Filing Office

29. Filing Office

9. Name and Address of Current Registered Agent

MARSICO, ALBERT R.
9165 PARK DRIVE
MIAMI SHORES FL 33138

30. Filing Office

81. Name

82. Street Address, P.O. Box Number is Not Acceptable

83. City

84. City

FL 85. Zip Code

11. The undersigned, being a resident of the State of Florida, hereby certifies that the above named corporation satisfies this statement for the purpose of changing its registered office. The undersigned is a resident of the State of Florida. The undersigned was authorized by the corporation's board of directors to execute this statement as registered agent. I am not a resident of the State of Florida.

12. Filing Office

OVERSIGHT AND DIRECTOR

PD
MARSICO, ALBERT R.
9165 PARK DRIVE
MIAMI SHORES FL
ST
MARSICO, ALBERT R.
9165 PARK DRIVE
MIAMI SHORES FL

[] DELETED

[] DELETED

[] DELETED

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[] DELETED

[] DELETED

13. Filing Office

ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12:

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

14. I, the undersigned, being a resident of the State of Florida, hereby certify that the above named corporation satisfies this statement for the purpose of changing its registered office. The undersigned is a resident of the State of Florida. The undersigned was authorized by the corporation's board of directors to execute this statement as registered agent. I am not a resident of the State of Florida.

SIGNATURE:

Albert R. Marsico, Jr., M.D., P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96

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