

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Aug 12 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 636156 (2)**  
 1. Corporation Name  
**BAUMEL AND EISNER, M.D.'S,P.A.**

Principal Place of Business <b>1135 LANE CONCOURSE                  BAY HARBOR ISLAND FL 33154</b>	Mailing Address <b>1135 LANE CONCOURSE                  BAY HARBOR ISLAND FL 33154</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/13/1979</b>	3a. Date of Last Report <b>03/05/1996</b>
21	Suite, Apt. #, etc.	26	<b>7301 N. University Drive #300</b>	4. FEI Number <b>59-1931184</b>	Applied For Not Applicable
22	City & State	27	<b>Tamara, FL</b>	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	Country	29	Zip	7. 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
		30	Country		

9. Name and Address of Current Registered Agent

**BAUMEL, BERNARD  
 1135 KANE CONCOURSE  
 BAY HARBOR ISLANDS FL 33154**

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	<b>7301 North University Drive</b>
83		<b>Suite #300</b>
84	City	<b>Tamara, FL</b>
85	Zip Code	<b>33321</b>

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] [Signature] [Signature] [Signature] [Signature] [Signature]  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>BAUMEL, BERNARD</b>	
STREET ADDRESS	<b>1135 KANE CONCOURSE</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISLAND FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>EISNER, LARRY</b>	
STREET ADDRESS	<b>1135 KANE CONCOURSE</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISLAND FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>7301 North University Drive #300</b>	
1.4 CITY-ST-ZIP	<b>Tamara, FL 33321</b>	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	<b>7301 North University Drive #300</b>	
2.4 CITY-ST-ZIP	<b>Tamara, FL 33321</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: [Signature] [Signature] [Signature] [Signature] [Signature] [Signature]  
 7/30/97 954-720-1849

CR2E034 (4/97)