

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

**APPROVED
AND
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53 MAY -1 AM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Murphree Secretary of State Division of Corporations
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DOCUMENT # 652027 (4)
 KATZ & FINKEL, D.P.M., P.A.

Principal Place of Business 400 S. TAMiami TR #200 VENICE FL 34285	Main Address 400 S. TAMiami TR #200 VENICE FL 34285
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	26. Mailing Address	3. Date Incorporated or Qualified 01/11/1980	3a. Date of Last Report 03/31/1994
21. State, Apt. #, etc.	27. State, Apt. #, etc.	4. FEI Number 59-1957197	Applied For Not Applicable
22. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip	25. Locality	29. Zip	30. Locality
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
 KATZ, MICHAEL H
 400 S. TAMiami TR #200
 VENICE FL 34285

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

FL

11. Pursuant to the provisions of Sections 607.054(2) 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 607.0506, Florida Statutes.

SIGNATURE _____ (Signature of Agent or Registered Agent) _____ (Signature of Registered Agent or Officer/Shareholder)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
OFFICER	DP KATZ, MICHAEL H 400 S. TAMiami TR #200 VENICE FL	11. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY, ST, ZIP		14. CITY, ST, ZIP	
OFFICER	TS FINKEL, DOUGLAS M. 400 S. TAMiami TR #200 VENICE FL	21. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
OFFICER		31. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
OFFICER		41. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
OFFICER		51. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
OFFICER		61. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is correct and equally for the record as stated in law (see 119 (2)(1)(b), Florida Statutes). I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that any 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 187, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or an attachment with an address.

SIGNATURE: X 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL H. KATZ, D.P.M.

04-25-95 813 484-2602
 (Telephone Area 9)