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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

652440

(9)

DOCUMENT # 652440
1. Corporation Name
RICHARD S. ARONSOHN, M.D., P.A.

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Principal Place 800 MEADO BOCA RATO US		Mailing Address P.O. BOX 276070 BOCA RATON FL 3 US	3427-6070		3. Date theoretical or Quairied 3a. Date of Jast Become 01/18/1995				
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number 50-1063400	L		Applied For	
21		26			33 1300499			Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required	
City & State		Orty & State			6. Election Campaign Financing		·	0 May Be	
23		28	 		Trust Fund Contribution			d to Fees	
Zip 24	Country	Zip	Country	У	8. This corporation has liability for	intangible taa s □ No	x under s	199.032,	
24]	25 9. Name and Address of Curren	29 29 Agent	30		Florida Statutes X Yes 10. Name and Address of New		\nent	 	
			81	Name	10.	rogisterou P	gent		
	OHN, RICHARD S., M.D.		82	Ctroot Add	ress (P.O. Box Number is Not Accepta	blot			
	ORKSHIRE COURT				ress (rc), box incriber is not accepta	(ne)			
BUUA	raton FL 33496		83	3					
			84	City		C1	85 Zq	o Code	
or registere familiar with	id agent, or both, in the State of Florid n, and accept the obligations of, Secti	oa. Such change was authori ion 607.0505, Florida Statute:	zed by the con s.	poration's boa	ird of directors. Thereby accept the app	pointment as i	registered	i agent. I am	
	Signature, typed or printed name of registered agent OFFICERS AND		Ote: Registered Apr ■ 13.	rtsynden nepme		DATE	DIRECTO	BS IN 12	
	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	ICERS AND	DIRECTO Change	RS IN 12	
12.	P OFFICERS AND ARONSOHN, RICHARD	D DIRECTORS	13.			ICERS AND	·· -		
12. THILE	P OFFICERS AND ARONSOHN, RICHARD 7948 YORKSHIRE COURT	D DIRECTORS	13. 1.1 TITLE 1.2 NAME			ICERS AND	·· -		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OFFICERS AND ARONSOHN, RICHARD	D DIRECTORS	13. 1. 1 TITLE 1.2 NAME 1.3 STREE 1.4 CHY-1	LADDRESS St. Zip		ICERS AND	Change	Addition	
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certify that the information indicated on this arrival report or supplemental arrival report is true and assturate and that my signature shall have the same legal effect as it made undo eath; 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: LICILIAN SOLVEN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 JAN 96 407-393-4131