

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Brenda S. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

667162

1. Corporation Name

Maytin and Associates, M.D.P.A.

Principal Place of Business

Florida

Mailing Address

8395 W. Oakland Park Blvd.
Sunrise, Fla. 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

2. Principal Place of Business

21 Florida

2a. Mailing Address

2a as above

4. FEI Number

59 - 2003412

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

24 Broward

29 Broward

7. This corporation has liability for insurance tax under S. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

David Menkhaus, Esq.
Moore & Menkhaus
4800 N. Federal Highway, Suite 210A
Boca Raton, Fla. 33431

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 agent 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, name of current name of registered agent and city / state

NOTE: Registered Agent signature required when necessary

12. OFFICERS AND DIRECTORS
TITLE: Orlando Maytin, M.D. Pres./Dir.
NAME: as above - 8395 W. Oakland Park
STREET ADDRESS: Blvd., Sunrise, Fla. 33351
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
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

50000140
-03/08/95--01053--013
****200.00 ****200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), 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:

[Handwritten Signature]

Orlando Maytin, M.D., Pres./Dir. 4/27/95

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Sign Here