

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT CORPORATION
 ANNUAL REPORT
 1996**



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

55 JUL -7 AM 11:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 667162 (2)

1. Corporation Name

MAYTIN & ASSOCIATES, M.D., P.A.



Principal Place of Business

Mailing Address

**6395 WEST OAKLAND PARK BLVD
 SUNRISE FL 33351**

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 SUNRISE FL 33351**

3. Date Incorporated or Qualified
04/04/1980

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2003412

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**MENKHAUS, DAVID E SQ
 4800 NORTH FEDERAL HIGHWAY
 SUITE 210A
 BOCA RATON FL 33431**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 of Registered Agent (Required for Change of Registered Agent)

(NOTE: Registered Agent's name is required when filing this form)

Date

12. OFFICERS AND DIRECTORS DELETE

TITLE: **PD**
 NAME: **MAYTIN, ORLANDO**
 STREET ADDRESS: **8359 W. OAKLAND PARK BLD**
 CITY-ST-ZIP: **SUNRISE FL 33351**

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: DELETE
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TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

11 TITLE:
 12 NAME:
 13 STREET ADDRESS:
 14 CITY-ST-ZIP:

21 TITLE:
 22 NAME:
 23 STREET ADDRESS:
 24 CITY-ST-ZIP:

31 TITLE:
 32 NAME:
 33 STREET ADDRESS:
 34 CITY-ST-ZIP:

41 TITLE:
 42 NAME:
 43 STREET ADDRESS:
 44 CITY-ST-ZIP:

51 TITLE:
 52 NAME:
 53 STREET ADDRESS:
 54 CITY-ST-ZIP:

61 TITLE:
 62 NAME:
 63 STREET ADDRESS:
 64 CITY-ST-ZIP:

SEARCHED INDEXED SERIALIZED FILED
 JUN 10 1996
 8870796-01024-021
 225.00

O. Alan
 8-7-96

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(3)(k), 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 617, Florida Statutes, and that my name appears in block 12 or block 13 if changed, or in an attachment with an address.

SIGNATURE: *Orlando L. Maytin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/96

CR2E034 (3/96)