


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 674387 (6)			
1. Corporation Name PARRY B. LARSEN, M.D., P.A.			
Principal Place of Business 4701 N. MERIDIAN AVE. VASCULAR LAB MIAMI BEACH FL 33140 US		Mailing Address P.O. BOX 402908 MIAMI BEACH FL 33140-0508 US	
2. Principal Place of Business 21 1601 Tigertail Avenue Suite, Apt. #, etc. 22 City & State 23 Miami, Florida Zip Country 24 33133 25 Dade		2a. Mailing Address 26 1601 Tigertail Avenue Suite, Apt. #, etc. 27 City & State 28 Miami, Florida Zip Country 29 33133 30 Dade	
3. Date Incorporated or Qualified 06/20/1980		3a. Date of Last Report 02/05/1996	
4. FEI Number 59-2030788		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent LARSEN, PARRY B. 4701 N. MERIDIAN AVE. VASCULAR LAB MIAMI BEACH FL 33140		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1601 Tigertail Avenue 83 84 City Miami FL 85 Zip Code 33133	
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: <i>Parry B. Larsen</i> (NOTE: Registered Agent signature required when reinstating) DATE: 4/11/97			
12. OFFICERS AND DIRECTORS TITLE DP NAME LARSEN, PARRY B. STREET ADDRESS 4701 N. MERIDIAN AVE., VASCULAR LAB CITY-ST-ZIP MIAMI BEACH FL [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE [] Change [] Addition 1.2 NAME 1.3 STREET ADDRESS 1601 Tigertail Avenue 1.4 CITY-ST-ZIP Miami, FL 33133 2.1 TITLE [] Change [] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE [] Change [] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE [] Change [] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE [] Change [] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE [] Change [] 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: <i>Parry B. Larsen</i> DATE: 4/11/97 (305) 856-1616 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)