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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 675539 (1)
 1. Corporation Name
ASSOCIATES IN PULMONARY DISEASES, P.A.



Principal Place of Business ONE S.E. 3RD AVE 28 TH FLOOR MIAMI FL 33131 US	Mailing Address ONE S.E. 3RD AVE. 28TH FLOOR MIAMI FL 33131-1716 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/04/1980	3a. Date of Last Report 03/26/1996
21. Succ. Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2000453	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. 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 RAATTAMA, HENRY H., JR. ONE S.E. 3RD AVENUE 28TH FLOOR MIAMI FL 33131		10. Name and Address of New Registered Agent	
B1. Name		B2. Street Address (P.O. Box Number is Not Acceptable)	
B3.		B4. City	
		B5. Zip Code FL	

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 _____ DATE _____
 Signature, typed or printed name of registered agent and the P applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DST <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, DR ROBERT	1.2 NAME
STREET ADDRESS	4701 MERIDAN AVE	1.3 STREET ADDRESS
CITY- ST- ZIP	MIAMI BCH, FL 00000	1.4 CITY- ST- ZIP
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLAMAS, DR ROBERTO	2.2 NAME
STREET ADDRESS	4701 MERIDAN AVE	2.3 STREET ADDRESS
CITY- ST- ZIP	MIAMI BCH, FL 00000	2.4 CITY- ST- ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY- ST- ZIP		3.4 CITY- ST- ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY- ST- ZIP		4.4 CITY- ST- ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY- ST- ZIP		5.4 CITY- ST- ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY- ST- ZIP		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: *D. Robert Hart* DATE: **3/31/97** DAYTIME PHONE: **(305) 674 3125**

CR2E034 (9/96)