FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **690114** **(4)**

1. Corporate Name

PAUL H. NILOFF, M.D., P.A.

Principal Place of Business

2887 LAKE WORTH RD.
LAKE WORTH FL 33461

Mailing Address

2887 LAKE WORTH RD.
LAKE WORTH FL 33461

2. Former Name(s)

21

22

23

24 | 25 Country

2a. Mailing Address

26

27 Zip/Postal Code

28

29 | 30 Country

3. Date Incorporated or Qualified: **07/01/1981**

3a. Date of Last Report: **01/26/1995**

4. FEI Number: **59-2100446** [ ] 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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

NILOFF, PAUL H., M.D.
2887 LAKE WORTH ROAD
LAKE WORTH FL

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. [illegible] the purpose of changing its registered office [illegible] the corporation's [illegible] hereby accept the appointment as registered agent [illegible] Florida Statutes.

Signature

12. [illegible] Title

PST [ ] Delete
NILOFF, PAUL H., M.D.
2887 LAKE WORTH RD.
LAKE WORTH FL

D [ ] Delete
NILOFF, PAUL H., M.D.
2887 LAKE WORTH RD.
LAKE WORTH FL

[ ] Delete

[ ] Delete

[ ] Delete

[ ] Delete

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. [illegible] Section 119.07(3)(i), Florida Statutes. Further [illegible] signature shall have the same legal effect as if made under oath. [illegible] Chapter 607, Florida Statutes, and that my name [illegible] address.

SIGNATURE: PAUL H. NILOFF, M.D., P.A. JAN. 19/96 407-964-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (12/95)