

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

FILED
Apr 30 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 # F32545 (8)
 1. Corporation Name
FESTER & FURMAN, M.D., P.A.

Principal Place of Business 1440 79 ST. CSWY., SUITE 323 N. BAY VILLAGE FL 33141	Mailing Address 1440 79 ST. CSWY., SUITE 323 N. BAY VILLAGE FL 33141
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3. Date Incorporated or Qualified 04/28/1981		3a. Date of Last Report 05/01/1996	
2. Principal Place of Business		2a. Mailing Address	
21	26	4. FEI Number 59-2059336	
Suite, Apt. #, etc.		Applied For Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30
Zip		Country	

9. Name and Address of Current Registered Agent FURMAN, JOSHUA, M.D. 1590 S. TREASURE DR. N. BAY VILLAGE FL FL 33141				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 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]* DATE: **4-22-97**

(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURMAN, J.		1.2 NAME				
STREET ADDRESS	1590 S. TREASURE DR		1.3 STREET ADDRESS				
CITY-ST-ZIP	N. BAY VILLAGE FL		1.4 CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FESTER, A.		2.2 NAME				
STREET ADDRESS	4310 NAUTILUS DR.		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				
TITLE		<input type="checkbox"/> DELETE	7.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			7.2 NAME				
STREET ADDRESS			7.3 STREET ADDRESS				
CITY-ST-ZIP			7.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	8.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			8.2 NAME				
STREET ADDRESS			8.3 STREET ADDRESS				
CITY-ST-ZIP			8.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	9.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			9.2 NAME				
STREET ADDRESS			9.3 STREET ADDRESS				
CITY-ST-ZIP			9.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	10.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			10.2 NAME				
STREET ADDRESS			10.3 STREET ADDRESS				
CITY-ST-ZIP			10.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	11.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			11.2 NAME				
STREET ADDRESS			11.3 STREET ADDRESS				
CITY-ST-ZIP			11.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	12.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			12.2 NAME				
STREET ADDRESS			12.3 STREET ADDRESS				
CITY-ST-ZIP			12.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	13.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			13.2 NAME				
STREET ADDRESS			13.3 STREET ADDRESS				
CITY-ST-ZIP			13.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	14.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			14.2 NAME				
STREET ADDRESS			14.3 STREET ADDRESS				
CITY-ST-ZIP			14.4 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: *Joshua Furman MD* DATE: **4-22-97** TELEPHONE: **305-861-3139**

CR2E034 (9/96)