

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Janet B. Mouton  
Secretary of State  
Tallahassee, Florida 32399

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**DOCUMENT # F41755 (2)**

95 JAN 17 AM 11:18

KATE R. ADLER, PH.D., P.A.

Principal Place of Business: 7800 RED RD STE. 210 SO. MIAMI FL 33143  
Mailing Address: 7800 RED RD STE. 210 SO. MIAMI FL 33143

SEE INSTRUCTIONS ON THIS SPACE

2. Filing Date of this Report		3a. Date of Last Report	
91		03/08/1994	
2a. Mailing Address		4. FET Number	
96		59-2112669	
22. Date of Report		5. Contribution of Statute (Yes/No)	
27		[ ] \$8.75 Additional Fee Required	
23. City & State		6. Election Campaign Financing Fund Fund Contribution	
28		[ ] \$5.00 May Be Added to Fees	
24. City		25. State	
29		30. Country	
29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ADLER, KATE R., PH.D. 7800 RED RD., STE. 210 S. MIAMI FL 33143				B1	Name
				B2	Street Address, P.O. or Mailing Address, Not Acceptable
				B3	
				B4	City
				FL	B5 Zip Code

11. If signed for the purposes of law being incorporated in Florida Statutes, the above information is true and correct. This statement for the purposes of changing registered officers or registered agents in the State of Florida has been approved by the corporation's board of directors, if they accept the appointment of registered agent, or by a majority of the shareholders if the corporation is a Florida Statute.

SIGNATURE: \_\_\_\_\_

12. ADDITIONAL REGISTERED OFFICERS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	DP ADLER, KATE R PH D 5970 S.W. 81ST ST. S. MIAMI FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New

14. I, the undersigned, certify that the information supplied in this report is true and correct. This statement for the purposes of changing registered officers or registered agents in the State of Florida has been approved by the corporation's board of directors, if they accept the appointment of registered agent, or by a majority of the shareholders if the corporation is a Florida Statute.

SIGNATURE: *Kate Adler* KATE ADLER 1-10-95 (305) 662-2225