


FILED

Sep 17 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | Sep 17 1997 8:00am Secretary of State |
| DOCUMENT # F43156 (1) | | |
| 1. Corporation Name PATRICIA A. SEITZ, P.A. | | |
| Principal Place of Business 200 SOUTH BISCAYNE BLVD. STE. 4000 MIAMI FL 33131-9398 US | | Mailing Address 200 S. BISCAYNE BLVD. STE. 4000 MIAMI FL 33131-9398 US |
| 2. Principal Place of Business 21 224 Ridgewood Rd. Suite, Apt. #, etc. City & State 23 CORAL GABLES, FL Zip Country 24 33133 25 U.S.A. | | 2a. Mailing Address 26 224 Ridgewood Rd Suite, Apt. #, etc. City & State 27 CORAL GABLES, FL Zip Country 29 33133 30 U.S.A. |
| 9. Name and Address of Current Registered Agent SEITZ, PATRICIA A 4000 SE FINANCIAL CENTER MIAMI FL 33131-2398 | | 10. Name and Address of New Registered Agent 81 Name ALAN G. GREER 82 Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD., 10th FL 83 City MIAMI FL 85 Zip Code 33131 |
| 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 <u>Alan G. Greer</u> , ALAN G. GREER DATE 9/10/97 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small> | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP DPS SEITZ, PATRICIA A 4000 SE FINANCIAL CNTR. MIAMI, FL 00000 | <input type="checkbox"/> DELETE | 1.1 TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP |
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| 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: <u>Patricia A. Seitz</u> Patricia A. Seitz DATE 9/10/97 TEL 305-462-1111 | | |

CP2E034 (4/97)