


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

FILED
Apr 29 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 # **F46494** (3)

1. Corporation Name
FAITH E. BLOCK, M.D., P.A.



Principal Place of Business 495 BILTMORE WAY 1150 NW 14TH STREET, SUITE 1 CORAL GABLES FL 33134 US	Mailing Address 9640 W BROADVIEW DR BAY HARBOR FL 33154-1928 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. NO CHANGES	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/01/1981	3a. Date of Last Report 06/27/1996
22 City & State	27 City & State	4. FEI Number 59-2125138	Applied For Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent BLOCK, FAITH E., M.D. 9640 WEST BROADVIEW DR BAY HARBOR FL 33154		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent		81 Name	FL	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City		

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 *FAITH E. BLOCK* (NOTE: Registered Agent signature required when reinstating) DATE **4-23-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, FAITH E, M D	1.2 NAME	
STREET ADDRESS	9640 W BROADVIEW DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	BAY HARBOR FL	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, FAITH E, M D	2.2 NAME	
STREET ADDRESS	9640 W BROADVIEW DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	BAY HARBOR FL	2.4 CITY - ST - ZIP	
TITLE		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		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		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		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: *FAITH E. BLOCK* DATE: **4-23-97** (305) 461-1700

CR2E034 (9/96)