

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 28 AM 10: 04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F51109 (9)**

1. Corporation Name  
**ROBERT V. BARBARITE, M.D., P.A.**

Principal Place of Business Mailing Address  
**1 W. SAMPLE ROAD #203  
POMPANO BEACH FL 33064**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/01/1981** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2134872** 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  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**BARBARITE, ROBERT V., M.D.  
1 WEST SAMPLE ROAD, SUITE 203  
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 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 office familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
P BARBARITE, ROBERT V 6927 NW 65 TERR PARKLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1 1 TITLE 12 NAME  Change  Addition  
13 STREET ADDRESS 14 CITY - ST - ZIP  
2 2 1 TITLE 22 NAME  Change  Addition  
23 STREET ADDRESS 24 CITY - ST - ZIP  
3 3 1 TITLE 32 NAME  Change  Addition  
33 STREET ADDRESS 34 CITY - ST - ZIP  
4 4 1 TITLE 42 NAME  Change  Addition  
43 STREET ADDRESS 44 CITY - ST - ZIP  
5 5 1 TITLE 52 NAME  Change  Addition  
53 STREET ADDRESS 54 CITY - ST - ZIP  
6 6 1 TITLE 62 NAME  Change  Addition  
63 STREET ADDRESS 64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 of this report, or on an attachment with an address.

SIGNATURE: SIGNATURE IS TO BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR