

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

**FILED**

**Apr 16 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F51109 (9)**

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



Principal Place of Business: **1 W. SAMPLE ROAD #203 POMPANO BEACH FL 33064**  
 Mailing Address: **1 W. SAMPLE ROAD #203 POMPANO BEACH FL 33064-3547**

3. Date Incorporated or Qualified: **11/01/1981**  
 3a. Date of Last Report: **07/23/1996**  
 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: **21**  
 2a. Mailing Address: **26**  
 Suite, Apt. #, etc.: **22**  
 City & State: **27**  
 Zip: **24** Country: **25** Zip: **29** Country: **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  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE: \_\_\_\_\_

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP  
 2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP  
 3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP  
 4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP  
 5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP  
 6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP  
**100002145601** Change  Addition  
**-04/17/97--01005--002**  
**\*\*\*165.00**

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: DATE: **4-9-97** Daytime Phone #: **941-5200**

CR2E034 (9/96)