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May 06 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 # **F53641** (9)

1. Corporation Name
C. ROBERTO PALMA, M. D., P. A.

Principal Place of Business	Mailing Address
5601 N. DIXIE HIGHWAY SUITE 208 FT LAUDERDALE FL 33334	5601 N. DIXIE HIGHWAY SUITE 208 FT LAUDERDALE FL 33334-4145

3. Date Incorporated or Qualified: 11/13/1981
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 910 NE 26 AVENUE
22: Suite, Apt. #, etc.
23: City & State: FT. LAUDERDALE FL
24: Zip: 33304
25: Country: BROWARD

2a. Mailing Address
26: 910 NE 26 AVENUE
27: Suite, Apt. #, etc.
28: City & State: FT. LAUDERDALE FL
29: Zip: 33304
30: Country: BROWARD

4. FEI Number: 59-2130238 ☐ 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

9. Name and Address of Current Registered Agent
PALMA, C ROBERTO, M D
5601 N. DIXIE HIGHWAY
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent
81 Name: PALMA, C. ROBERTO
82 Street Address (P.O. Box Number is Not Acceptable): 910 NE 26 AVENUE
83:
84 City: FT. LAUDERDALE FL 85 Zip Code: 33304

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: _____ 4/29/97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	PALMA, C. ROBERTO	1.2 NAME	PALMA, C. ROBERTO
STREET ADDRESS	5601 N DIXIE HIGHWAY	1.3 STREET ADDRESS	910 NE 26 AVENUE
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33304
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 attached with an address.

SIGNATURE: _____ 4.29.97 (954) 565-8282