FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** (9)F88042 1. Corporation Name EDWARD L. REID, M.D., P.A. Principal Place of Business Mailing Address 555 BILTMORE WAY 555 BILTMORE WAY **CORAL GABLES FL 33134** CORAL GABLES FL 33134 3. Date Incorporated or Qualified 3a. Date of Last Report 07/02/1982 08/11/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2204055 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 $\Gamma \cap$ 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s 199.032. 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo REID, EDWARD L. II 82 Street Address (P.O. Box Number is Not Acceptable) 555 BILTMORE WAY CORAL GABLES FL 33134 83 84 City 85 Zip Code 11. Pursuant to the roysions of or registered agent, or both rice Statutes, the above-named corporation submits this statement for the purpose of changing its registered office as althorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TITLE Change Addition REID, EDWARD L. II 1.2 NAME 555 BILTMORE WAY. STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES, FL 00000 DITY-ST-ZIP 1.4 CITY - ST- ZIP TITLE TT DELETE 2. 1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CHY- ST-7IP TITLE DELETE 3 1 TITLE [] Change Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS C-TY-ST-ZIP 3.4 CITY - \$1 - ZIP TITLE DELETE 4.1 TITLE Addition Change 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-S1-7IP 5.4 CITY-\$1-7IP TITLE DELETE 6. 1 TITLE Change Addition NAME 6.2 NAME STIFEET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily certify that the information indicated on this annual report or supplemental oath; that I am an officer or director of the corporation or the rectified or the supplemental than an officer or director of the corporation or the rectified or the supplemental than an officer of the corporation or the rectified or the supplemental than the supplemental that ed end does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further report is the and accurate and that my signature shall have the same legal effect as if made under mosweren to execute this report as required by Chapter 607, Florida Statutes; and that my name lual report is

Date

Daytime Phone #

YATURE AND TYPED OR PHINTED NAME OF