

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95818 (3)
1. Corporation Name
E.G. POULOS, M.D., M.J. DEMARAY, M.D., & A.P. KO
WALCZYK, M.D., P.A.

Principal Place of Business
6061 NE 14 AVENUE
FORT LAUDERDALE FL 33334
US

Mailing Address
6061 NE 14 AVENUE
FORT LAUDERDALE FL 33334-5007
US



3. Date Incorporated or Qualified 08/30/1982
3a. Date of Last Report 04/19/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 7289 Garden Road	26 7289 Garden Road	59-2213992	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 Suite # 200	27 Suite # 200	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State		
23 Riviera Beach FL	28 Riviera Beach, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip		
24 33404	29 33404	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country		
25 USA	30 USA		

9. Name and Address of Current Registered Agent

HODGES, PERRY W., JR., ESQ.
844 SOUTHEAST 4TH AVENUE
FORT LAUDERDALE FL 33301

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
Signature, typed 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	PO POULOS, EVANGELOS G.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5400 SW 70TH AVENUE	1.2 NAME	
STREET ADDRESS	DAVE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD DEMARAY, MICHAEL J.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2385 NE 30 COURT	2.2 NAME	
STREET ADDRESS	LIGHTHOUSE POINT FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD KOWALCZYK, ALEXANDER P.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2800 N.E. 47TH STREET	3.2 NAME	
STREET ADDRESS	LIGHTHOUSE POINT FL	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 in an attachment with an address.

SIGNATURE: *Michael J. Demaray* 4/30/97 (561) 845-1850

CR2E034 (9/96)