

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G42139** (7)

1. Corporation Name
RONALD C. DUDAN, M.D., P.A.



Principal Place of Business Mailing Address
1000 S. OLD DIXIE HWY., SUITE 101 JUPITER FL 33458 **1000 S. OLD DIXIE HWY., SUITE 101 JUPITER FL 33458**

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

| | |
|---|--|
| 3. Date Incorporated or Qualified 05/27/1983 | 3a. Date of Last Report 04/24/1995 |
| 4. FEI Number 59-3227494 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**HOCHHEISER, NEAL
1440 JFK CAUSEWAY
SUITE 301
NORTH BAY VILLAGE FL 33140**

| | |
|--|-----------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | |
| 84. City | |
| 85. Zip Code | FL |

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: _____ DATE: _____
Signature, typed or printed name of registered agent and the corporation (NOTE: Registered Agent signature required when not signing)

OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------------|---------------------------------|
| 12. TITLE | PST | <input type="checkbox"/> DELETE |
| NAME | DUDAN, RONALD C. | |
| STREET ADDRESS | 1070 CORAL WAY | |
| CITY - ST - ZIP | RIVIERA BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DUDAN, RONALD C. | |
| STREET ADDRESS | 1070 CORAL WAY | |
| CITY - ST - ZIP | RIVIERA BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DUDAN, JANE S | |
| STREET ADDRESS | 1070 CORAL WAY | |
| CITY - ST - ZIP | RIVIERA BCH, FL 00000 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|---|---|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1. TITLE | |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY - ST - ZIP | |
| 5. TITLE | |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY - ST - ZIP | |
| 9. TITLE | |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY - ST - ZIP | |
| 13. TITLE | |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY - ST - ZIP | |
| 17. TITLE | |
| 18. NAME | |
| 19. STREET ADDRESS | |
| 20. 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)(k), 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: *Ronald C. Dudan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-96

402749-5778

CR2E034 (12/95)