

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

FILED

Feb 27 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 # **G46049** (4)

1. Corporation Name
MAYER & CHIRON, M.D., P.A.



Principal Place of Business: **PLEASE NOTE OUR NEW ADDRESS**
~~400 UNIVERSITY DR~~ **SOUTH FLORIDA ORTHOPEDIC ASSOC.**
~~CORAL GABLES FL 33134~~ **4675 Ponce de Leon Boulevard**
Suite 203
Coral Gables, FL 33146

3. Date Incorporated or Qualified: **06/23/1983**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-2305406**
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 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

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

9. Name and Address of Current Registered Agent
CHIRON, HARLAN S., MD
~~400 UNIVERSITY DRIVE~~ **SOUTH FLORIDA ORTHOPEDIC ASSOC.**
~~CORAL GABLES FL 33134~~ **4675 Ponce de Leon Boulevard**
Suite 203
Coral Gables, FL 33146

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, if applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	1. CHANGE	2. ADDITION
DP	MAYER, PAUL W, MD	400 UNIVERSITY DRIVE CORAL GABLES FL	4675 Ponce de Leon Boulevard Suite 203 CORAL GABLES FL	<input type="checkbox"/>	<input type="checkbox"/>
DT	CHIRON, HARLAN S MD	400 UNIVERSITY DRIVE CORAL GABLES FL	4675 Ponce de Leon Boulevard Suite 203 Coral Gables, FL 33146	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* DATE: **2/20/97** 305-6603-4649
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)