

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

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G60588** (2)
1. Corporation Name
DR. RONALD SAMESS, P.A.

Principal Place of Business 9750 NW 33 ST. #216 CORAL SPRINGS FL 33065	Mailing Address 9750 NW 33 ST. #216 CORAL SPRINGS FL 33065-4081
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/01/1983	3a. Date of Last Report 05/01/1996
				4. FEI Number 59-2317841	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SAMESS, RONALD (DR.) 9750 NW 33 ST #216 CORAL SPRINGS FL 33065		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	
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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	PD NAME SAMESS, RONALD STREET ADDRESS 9750 NW 33 ST #216 CITY-ST-ZIP CORAL SPRINGS FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D NAME SAMESS, CLAUDETTE STREET ADDRESS 9750 NW 33 ST #216 CITY-ST-ZIP CORAL SPRINGS FL	12 NAME	
TITLE		13 STREET ADDRESS	
TITLE		14 CITY-ST-ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		22 NAME	
TITLE		23 STREET ADDRESS	
TITLE		24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		32 NAME	
TITLE		33 STREET ADDRESS	
TITLE		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		42 NAME	
TITLE		43 STREET ADDRESS	
TITLE		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		52 NAME	
TITLE		53 STREET ADDRESS	
TITLE		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		62 NAME	
TITLE		63 STREET ADDRESS	
TITLE		64 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 on an attachment with an address.

SIGNATURE:

[Signature]

4/1/97

154-355584

CR2E034 (9/96)