

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G61375** (3)

1. Corporation Name
LARRY S. CHARME, M.D., P.A.

Principal Place of Business: **% LARRY S. CHARME, 8190 ROYAL PALM BLVD., STE. 200, CORAL SPGS. FL 33065**
Mailing Address: **% LARRY S. CHARME, 8190 ROYAL PALM BLVD., STE. 200, CORAL SPGS. FL 33065**



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

3. Date Incorporated or Qualified: **09/27/1983**
3a. Date of Last Report: **03/30/1995**
4. FEI Number: **59-2326345**
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. 190.042, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CHARME, LARRY S.
7406 MAHOGANY BEND PLACE
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent
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 607.002 and 607.003, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.003, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
DP	CHARME, LARRY S 7406 MAHOGANY BEND PLACE BOCA RATON FL	<input type="checkbox"/> DELETE	
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 119.041, Florida Statutes. I further certify that the information indicated on this form 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 registered office agent, and that my name appears in Block 12 or Block 13 if checked or in Block 13 if checked with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
**LARRY S. CHARME M.D.
7406 MAHOGANY BEND PL.
BOCA RATON FLORIDA 33434**
4/11/96 401 392822

CR2E034 (12/95)