

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G73391 (6)

1. Corporation Name
ROBERT F. CULLEN, JR., M.D., P.A.



Principal Place of Business: **3200 SW 60 CT. SUITE 302 MIAMI FL 33155**
Mailing Address: **3200 SW 60 CT. SUITE 302 MIAMI FL 33155**

3. Date Incorporated or Qualified: **12/13/1983**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **59-2355736**
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 State, Apt. #, Etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. #, Etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**CULLEN, ROBERT F JR.
3200 SW 60 CT.
SUITE 302
MIAMI FL 33155**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: **FL** 85

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 607.0502, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PTSV	<input type="checkbox"/> DELETE	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: CULLEN, ROBERT F JR.		12. NAME:	
STREET ADDRESS: 3200 SW 60 CT., STE. 302		13. STREET ADDRESS:	
CITY, ST, ZIP: MIAMI FL 33155		14. CITY, ST, ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	2. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: CULLEN, ROBERT F JR.		22. NAME:	
STREET ADDRESS: 3200 SW 60 CT., STE. 302		23. STREET ADDRESS:	
CITY, ST, ZIP: MIAMI FL 33155		24. CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> DELETE	3. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		32. NAME:	
STREET ADDRESS:		33. STREET ADDRESS:	
CITY, ST, ZIP:		34. CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		42. NAME:	
STREET ADDRESS:		43. STREET ADDRESS:	
CITY, ST, ZIP:		44. CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		52. NAME:	
STREET ADDRESS:		53. STREET ADDRESS:	
CITY, ST, ZIP:		54. CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		62. NAME:	
STREET ADDRESS:		53. STREET ADDRESS:	
CITY, ST, ZIP:		54. CITY, ST, ZIP:	

14. I, the undersigned, certify that the information supplied herein is true and accurate 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. 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 or changed there on an appointment with an address.

SIGNATURE: *Robert F. Cullen Jr MD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96 (305)662-8330
DATE AND TELEPHONE NUMBER

CR2E034 (12/95)