

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 8:16**

PROFIT CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # G86555 (1)

1. Corporation Name
ROBERT N. ALBECK CRNA, P.A.

Principal Place of Business: **400 S.W. 6TH AVE. BOCA RATON FL 33486-4623**

Mailing Address: **400 S.W. 6TH AVE. BOCA RATON FL 33486-4523**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 711 SW 15th St		26 711 SW 15th St		02/28/1984	04/04/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
				59-2376685	Not Applicable
23 City & State BOCA RATON, FL		27 City & State BOCA RATON, FL		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24 Zip 33486		29 Zip 33486		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25 Country FLORIDA		30 Country FLORIDA		6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ALBECK, ROBERT N.
400 S.W. 6TH AVE.
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
711 SW 15th St

83

84 City **BOCA RATON** FL 85 Zip Code **33486**

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 registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL INFORMATION (NAME, TITLE, ADDRESS, CITY, STATE, ZIP)	
TITLE	POV	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBECK, ROBERT N.	12 NAME	
STREET ADDRESS	400 S.W. 6TH AVE.	13 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	14 CITY, ST, ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE		31 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		41 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		51 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		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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 110.07(3)(k), Florida Statutes. I further certify that the information included 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, unchanged, or on an attachment with an address.

SIGNATURE: _____ **6-12-95** **967-750677**

Date: _____ (Date Printed)

CR2E034 (3/95)