COF	PROFIT RPORATION UAL REPORT 1996	Sandra Secreta	S \$225.UU  RIMENT OF STATE B. Mortham ary of State CORPORATIONS			
DOCU	MENT # <b>H49</b>	833 (7)				
I. Corporation ROBE	RT N. COOPER, M.D.,	( )				
Principal Place	e of Business	Mailing Address			8	
401 E. OSCI SUITE 200 STUART FL	EOLA STREET 34994	401 E. OSCEOLA STRE SUITE 200 STUART FL 34994	EET			
				3. Date Incorporated or Qualified 04/01/1985	3a. Date of L 04/19	ast Report <b>)/1995</b>
. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number 59-2509246		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Not Applicable  8.75 Additional Fee Required
City & State	6	City & State		6. Election Campaign Financing Trust Fund Contribution	\$	5.00 May Be Added to Fees
Zip ]	Country 25	Zip (29)	Country 30	8. This corporation has liability for Florida Statutes		
	9. Name and Address of C	Current Registered Agent	81 Name	10. Name and Address of New F	Registered Agen	it
			82 Street Add	Iress (P.O. Box Number is Not Acceptal	ole)	
STUART	T FL 34994		84 City		85	Zip Code
1. Pursuani t	to the provisions of Sections 607	7.0502 and 607.1508, Florida Statute of Florida. Such change was authorize		eration submits this statement for the pure	FL 85	<u> </u>
Pursuant to register familiar with GNATURE	to the provisions of Sections 607 red agent, or both, in the State of th, and accept the obligations of,	, Section 607.0505, Florida Statutes	s, the above-named corpo d by the corporation's boa	ard of directors. I hereby accept the app	<u> </u>	<u></u>
Pursuant to register familiar with IGNATURE	to the provisions of Sections 607 red agent, or both, in the State of th, and accept the obligations of, Sprature, typed or profile name of registers.	, Section 607.0505, Florida Statutes		ard of directors. I hereby accept the app	rpose of changing ointment as regis	g its registered office lered agent. I am
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F SIGNING OFFICER OR DIRECTOR

SIGNATURE: