

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H62313** (2)

1. Corporation Name  
**JAMES J. CHEN, M.D., PH.D., P.A.**



Principal Place of Business: **17330 NW 7TH AVE #500 N MIAMI FL 33169 US**  
Mailing Address: **17330 NW 7TH AVE #500 N MIAMI FL 33169 US**

3. Date Incorporated or Qualified: **05/07/1985**  
3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business (21-24) and Mailing Address (2a-26) details including Suite, Apt. #, City & State, and Zip/Country.

4. FEI Number: **59-2552720**  
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

9. Name and Address of Current Registered Agent  
**CHEN, JAMES J.  
17330 N.W. 7TH AVE.  
SUITE 500  
N. MIAMI BEACH FL 33169**

10. Name and Address of New Registered Agent (81-85)  
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 607.0502 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<b>PD CHEN, JAMES J.</b>	<b>19291 N.E. 19 PLACE</b>	<b>MIAMI FL</b>	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<b>ST CHEN, MARY</b>	<b>19291 N.E. 19 PLACE</b>	<b>MIAMI FL</b>	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	2.1 TITLE	3.1 TITLE	4.1 TITLE	5.1 TITLE	6.1 TITLE
(same)	(same)	(same)	(same)		
1.2 NAME	2.2 NAME	3.2 NAME	4.2 NAME	5.2 NAME	6.2 NAME
(same)	(same)	(same)	(same)		
1.3 STREET ADDRESS	2.3 STREET ADDRESS	3.3 STREET ADDRESS	4.3 STREET ADDRESS	5.3 STREET ADDRESS	6.3 STREET ADDRESS
<b>2668 RIVIERA MANOR</b>	<b>2668 RIVIERA MANOR</b>				
1.4 CITY - ST - ZIP	2.4 CITY - ST - ZIP	3.4 CITY - ST - ZIP	4.4 CITY - ST - ZIP	5.4 CITY - ST - ZIP	6.4 CITY - ST - ZIP
<b>FORT LAUDERDALE, FL 33332</b>	<b>FORT LAUDERDALE, FL 33332</b>				

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 119.07(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, 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]* DATE: **4-18-96** DAYTIME PHONE: **(305) 653-5100**

CR2E034 (12/95)