

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H69036** (2)

1. Corporation Name
DENNIS J. O'LEARY, D.O., P.A.



Principal Place of Business: **1380 NE MIAMI GARDENS DR. STE. 125 N MIAMI BCH. FL 33179 US**
Mailing Address: **1380 NE MIAMI GARDENS DR. SUITE 125 N MIAMI BCH. FL 33179 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for duplicate entries.

3. Date Incorporated or Qualified: **07/30/1985**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **59-2557071**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has facility for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**WILLIAM L. RAFFERTY, JR., ESQ. KELLY WARR
201 SOUTH BISCAYNE BLVD.
SUITE 2400 - MIAMI CENTER
MIAMI FL 33131-9399**

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

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(2), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for both 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 the provisions of Section 607.01(2), Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4-10-96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	O'LEARY, DENNIS J., D.O.	
STREET ADDRESS	1380 NE MIAMI GARDEN DR.	
CITY-ST-ZIP	N. MIAMI BCH FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Kathleen M O'Leary
13 STREET ADDRESS	1380 N.E. Miami Garden Drive
14 CITY-STATE-ZIP	N. Miami Beach, FL 33179
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY-STATE-ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-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 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 registered or business empowereed to execute this report and required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or in an affidavit with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96

CR2E034 (12/95)