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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

J13793

(1)

DOCUMENT #
1. Corporation Name

S. RICHARD OMBRES, M.D., P.A.



Principal Place of Business		Mailing Address						
1000 NORTH OLIVE AVENUE WEST PALM BEACH FL 33401			1000 NORTH OLIVE AVENUE West Palm Beach FL 33401					
					3. Date Incorporated or Qualified 05/06/1986	3a. Date 02	of Last Re /14/198	
2. Principal Plac	ce of Business	2a. Maling Address			4. FEI Number			Applied For
21		26			59-2684174			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State		City & State			6. Election Campaign Financing			D May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Cour	try	8. This corporation has liability for i		under s	199.032,
24	25	29	30		Florida Statutes Yes			
	9. Name and Address of Curro	ent Registered Agent		81 Name	10. Name and Address of New R	egistered A	gent	
0140050	0 DIOLLADO							
OMBRES, S. RICHARD 1000 NORTH OLIVE AVENUE			[Street Add	lress (P.O. Box Number is Not Acceptab	ess (P.O. Box Number is Not Acceptable)		
	ALM BEACH FL 33401		}	B3				
11201 17	ALM CENOTITE SOTOT			24 67			Toel Z	o Code
;				B4 City		FL	85 Zq	Code
familiar with	h, and accept the obligations of, Se	ction 607 0505, Florida Statute	nė.	•	ard of directors. Thereby accept the appoint			
SIGNATURE	Signature, typical or printed habie of registered ago			Agent signature require	rs) which recistanting?	DA'F		
SIGNATURE	Signature, typied or protect nacie of registerics ago OFFICERS A	ND DIRECTORS		தார் sgrutare மழர்ச	na which religibility of ADDITIONS/CHANGES TO OFF	ICERS AND		
	Signature: Spect or product races of resistance as OFFICERS A	er farefrik dag padase (f	NOTE Reportered	LE		ICERS AND	DIRECTO	PRS IN 12
12. TITLE NAME	Signature: Speet or preded faces of registeres ag OFFICERS A DP OMBRES, S. RICHARD	ND DIRECTORS DELETE	13. 1 1 1 1 1 2 NA	LE VIE		ICERS AND		
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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 AND TYPED TO BROWNES HAME OF SIGNING OFFICER OR DIRECTOR

4-4-96 407 - 832 - 3773 Chapter & Photos &