

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J26452 (9)**
1. Corporation Name
EDUARDO SALABERT, M.D., P.A.



Principal Place of Business: **27 N.E. 1ST AVE. POMPANO BEACH FL 33060**
Mailing Address: **27 N.E. 1ST AVE. POMPANO BEACH FL 33060**

3. Date Incorporated or Qualified: **07/28/1986**
3a. Date of Last Report: **06/22/1995**
4. FLI Number: **59-2690226**
Applied For: Not Applicable
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29
30

9. Name and Address of Current Registered Agent

**SALABERT, ARLENE
27 N.E. 1 AVENUE
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS
[] DELETE
TITLE: **PVD**
NAME: **SALABERT, EDUARDO, M.D.**
STREET ADDRESS: **27 N.E. 1ST AVE.**
CITY-ST-ZIP: **POMPANO BEACH FL**
[] DELETE
TITLE: **STD**
NAME: **SALABERT, ARLENE**
STREET ADDRESS: **27 N.E. 1ST AVE.**
CITY-ST-ZIP: **POMPANO BEACH FL**
[] DELETE
TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
[] DELETE
TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
[] DELETE
TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition
11 TITLE [] Change [] Addition
12 NAME [] Change [] Addition
13 STREET ADDRESS [] Change [] Addition
14 CITY-ST-ZIP [] Change [] Addition
15 TITLE [] Change [] Addition
16 NAME [] Change [] Addition
17 STREET ADDRESS [] Change [] Addition
18 CITY-ST-ZIP [] Change [] Addition
19 TITLE [] Change [] Addition
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22 CITY-ST-ZIP [] Change [] Addition
23 TITLE [] Change [] Addition
24 NAME [] Change [] Addition
25 STREET ADDRESS [] Change [] Addition
26 CITY-ST-ZIP [] Change [] Addition
27 TITLE [] Change [] Addition
28 NAME [] Change [] Addition
29 STREET ADDRESS [] Change [] Addition
30 CITY-ST-ZIP [] Change [] Addition

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: *Eduardo Salabert, P.* **4/10/96** (954) 942-1290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)