

**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

**FILED**  
Feb 06 1996 8:00 am  
Secretary of State

DOCUMENT # **J38387** (3)

1. Corporation Name  
**ARCACHA & SNYDER, M.D., P.A.**



Principal Place of Business: **1700 S. TUTTLE AVE SUITE 3 SARASOTA FL 34239-0197**  
Mailing Address: **1700 S. TUTTLE AVE SUITE 3 SARASOTA FL 34239-0197**

3. Date Incorporated or Qualified: **10/14/1986**  
3a. Date of Last Report: **02/13/1995**  
4. FEI Number: **59-2726035**  
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: **1700 S. TUTTLE AVE SUITE 3 SARASOTA FL 34239-0197**  
2a. Mailing Address: **1700 S. TUTTLE AVE SUITE 3 SARASOTA FL 34239-0197**

9. Name and Address of Current Registered Agent  
**SNYDER, ROBERT K., M.D.  
1700 S. TUTTLE AVE  
SUITE 3  
SARASOTA FL 34239-0197**

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 607.0402 and 607.1503, 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 furnished with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1101 TITLE: <b>PD</b>	<input type="checkbox"/> DELETE	11 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1102 NAME: <b>SNYDER, ROBERT K.</b>		12 NAME: _____	
1103 STREET ADDRESS: <b>1700 S TUTTLE AVE 3</b>		13 STREET ADDRESS: _____	
1104 CITY-STATE-ZIP: <b>SARASOTA FL</b>		14 CITY-STATE-ZIP: _____	
1105 TITLE: _____	<input type="checkbox"/> DELETE	21 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1106 NAME: _____		22 NAME: _____	
1107 STREET ADDRESS: _____		23 STREET ADDRESS: _____	
1108 CITY-STATE-ZIP: _____		24 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1109 TITLE: _____	<input type="checkbox"/> DELETE	31 NAME: _____	
1110 NAME: _____		32 STREET ADDRESS: _____	
1111 STREET ADDRESS: _____		33 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1112 CITY-STATE-ZIP: _____		41 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1113 TITLE: _____	<input type="checkbox"/> DELETE	42 NAME: _____	
1114 NAME: _____		43 STREET ADDRESS: _____	
1115 STREET ADDRESS: _____		44 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1116 CITY-STATE-ZIP: _____		51 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1117 TITLE: _____	<input type="checkbox"/> DELETE	52 NAME: _____	
1118 NAME: _____		53 STREET ADDRESS: _____	
1119 STREET ADDRESS: _____		54 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1120 CITY-STATE-ZIP: _____		61 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1121 TITLE: _____	<input type="checkbox"/> DELETE	62 NAME: _____	
1122 NAME: _____		63 STREET ADDRESS: _____	
1123 STREET ADDRESS: _____		64 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 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: *Robert K. Snyder* 1/20/96 941-952-0900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Month-Year

CR2E034 (12/95)