

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 # **J54359** (1)

1. Corporation Name

ALAN M. BLUMENTHAL, M.D., P.A.



Principal Place of Business

**12989 SOUTHERN BLVD
 SUITE 203
 LOXAHATCHEE FL 33470**

Mailing Address

**12989 SOUTHERN BLVD
 SUITE 203
 LOXAHATCHEE FL 33470**

3. Date Incorporated or Qualified **01/29/1987** 3a. Date of Last Report **03/06/1995**

2. Principal Place of Business
 21 **2086 GREENVIEW COVE**

2a. Mailing Address
 26 **2086 GREENVIEW COVE**

4. FEI Number **59-2743801** Applied For Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State **WEST PALM BEACH, FL**

28 City & State **WEST PALM BEACH, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **33414** 25 Country **USA**

29 Zip **33414** 30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALAN M. BLUMENTHAL, M.D.
 12989 SOUTHERN BLVD
 SUITE 203
 LOXAHATCHEE FL 33470**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable) **2086 GREENVIEW COVE**
 83
 84 City **WEST PALM BEACH** FL 85 Zip Code **33414**

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 _____ DATE _____
Signature typed or printed name of registered agent and the filer (owner) (607.1508) Registered Agent (Signature required when term ends)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PVD	<input type="checkbox"/> DELETE
NAME	BLUMENTHAL, ALAN M.	
STREET ADDRESS	12989 SOUTHERN BLVD SUITE 203	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BLUMENTHAL, ALAN M.	
STREET ADDRESS	12989 SOUTHERN BLVD SUITE 203	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
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		

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	2086 GREENVIEW COVE
4. CITY-ST-ZIP	WEST PALM BEACH, FL 33414
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	2086 GREENVIEW COVE
8. CITY-ST-ZIP	WEST PALM BEACH, FL 33414
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/96 407 329 3240

CR2E034 (12/95)