

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jun 02 1996 8:00 am
Secretary of State

DOCUMENT # **J80919**

1. Corporation Name
MARIO O. LAPLUME, M.D., P.A.

Principal Place of Business Mailing Address
**1300 CORAL WAY, SUITE 202
MIAMI, FLORIDA 33145**

2. Principal Place of Business 2a. Mailing Address
21 **1300 CORAL WAY** 26 **SAME**
22 **SUITE 202** 27
23 **MIAMI, FLORIDA** 28
24 **33145** 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **6/29/87** 3a. Date of Last Report **5/1/95**
4. FEI Number **59-2827113** 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. 191.03, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MARVIN MICHAELS ESQUIRE
1010 S.W. 86 COURT
MIAMI, FLA 33144**

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

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 _____

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **DIRECTOR LAPLUME, MARIO O. M.D.**
STREET ADDRESS **1300 CORAL WAY, SUITE 202**
CITY, ST, ZIP **MIAMI, FLORIDA 33145**
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE Change Add
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97. TITLE Change Add
98. NAME
99. STREET ADDRESS
100. CITY, ST, ZIP Change Add

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 supplement to an 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 partner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 9 of Block 13 if changed.

SIGNATURE: **MARIO O. LAPLUME** 5/22/96 (305) 858-0522

CR2E034 (12/95)

J80919

2-2

4/16/96 CORPORATE DETAIL RECORD SCREEN 2:06 PM
NUM: J80919 ST:FL DCTYVE/FL PROFIT FLD: 06/09/1987
FEIN: 59-2827112
NAME : MARIO O. LAPLUME, M.D., P.A.
PRINCIPAL : 1300 CORAL WAY CHANGED: 04/03/92
ADDRESS : SUITE 202
MIAMI, FL 33145
RA NAME : MICHAELS, MERVIN D. NAME CHG: 03/14/90
RA ADDR : 1010 SW 86 COURT ADDR CHG: 03/14/90
MIAMI, FL 33144
ANN REP : (1993) BN 03/24/93 (1994) BN 04/08/94 (1995) BY 05/03/95

4/16/96 OFFICER/DIRECTOR DETAIL SCREEN 2:08 PM
CORP NUMBER: J80919 CORP NAME: MARIO O. LAPLUME, M.D., P.A.
TITLE: D NAME: LAPLUME, MARIO O. M.D.
1300 CORAL WAY, STE 202
MIAMI, FL