


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J92906 (3)
1. Corporation Name
POH S. KHAW, M.D., PROFESSIONAL ASSOCIATION



Principal Place of Business 1818 HAWTHORNE STREET SARASOTA FL 34239	Mailing Address 1818 HAWTHORNE STREET SARASOTA FL 34239-2825
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2. Principal Place of Business 21 5741 BEE RIDGE RD Suite, Apt. #, etc. 22 SUITE 510 City & State 23 SARASOTA Zip 24 FL 34233		2a. Mailing Address 26 5741 BEE RIDGE RD Suite, Apt. #, etc. 27 SUITE 510 City & State 28 SARASOTA Zip 29 FL 34233		3. Date Incorporated or Qualified 09/18/1987		3a. Date of Last Report 05/01/1996	
4. FEI Number 38-2096880		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent KHAW, POH S. 1818 HAWTHORNE ST SARASOTA FL 34239		10. Name and Address of New Registered Agent 81 Name KHAW, POH. S. 82 Street Address (P.O. Box Number is Not Acceptable) 83 5741 BEE RIDGE RD. 84 SUITE 510 85 City SARASOTA FL 34233	

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 <u>POH S. KHAW M.D.</u> DATE <u>5/1/97</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		12. OFFICERS AND DIRECTORS TITLE P NAME KHAW, POH, S. STREET ADDRESS 1818 HAWTHORNE ST CITY-ST-ZIP SARASOTA FL TITLE P NAME KHAW, POH. S. STREET ADDRESS 5741 BEE RIDGE RD. SUITE 510 CITY-ST-ZIP SARASOTA FL 34233 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 amendment with an address. SIGNATURE <u>POH S. KHAW M.D.</u> DATE <u>5/1/97</u>	
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CR2E034 (9/96)