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Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K23242 (6) 1. Corporation Name ARTHUR FLATAU III, M.D., P.A.					
Principal Place of Business 11373 CORTEZ BLVD. SUITE 409 SUITE 202 BROOKSVILLE FL 34613-5406 US			Mailing Address 11373 CORTEZ BLVD. SUITE 409 SUITE 202 BROOKSVILLE FL 34613-5406 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/09/1988 3a. Date of Last Report 04/29/1996 4. FEI Number 59-2908945 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 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 FLATAU, ARTHUR III, MD 11373 CORTEZ BLVD SUITE 202 BROOKSVILLE FL 34613				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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
12. OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 1.5 TITLE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY - ST - ZIP 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY - ST - ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY - ST - ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY - ST - ZIP 1.21 TITLE 1.22 NAME 1.23 STREET ADDRESS 1.24 CITY - ST - ZIP 1.25 TITLE 1.26 NAME 1.27 STREET ADDRESS 1.28 CITY - ST - ZIP 1.29 TITLE 1.30 NAME 1.31 STREET ADDRESS 1.32 CITY - ST - ZIP 1.33 TITLE 1.34 NAME 1.35 STREET ADDRESS 1.36 CITY - ST - ZIP 1.37 TITLE 1.38 NAME 1.39 STREET ADDRESS 1.40 CITY - ST - ZIP 1.41 TITLE 1.42 NAME 1.43 STREET ADDRESS 1.44 CITY - ST - ZIP 1.45 TITLE 1.46 NAME 1.47 STREET ADDRESS 1.48 CITY - ST - ZIP 1.49 TITLE 1.50 NAME 1.51 STREET ADDRESS 1.52 CITY - ST - ZIP 1.53 TITLE 1.54 NAME 1.55 STREET ADDRESS 1.56 CITY - ST - ZIP 1.57 TITLE 1.58 NAME 1.59 STREET ADDRESS 1.60 CITY - ST - ZIP 1.61 TITLE 1.62 NAME 1.63 STREET ADDRESS 1.64 CITY - ST - ZIP 1.65 TITLE 1.66 NAME 1.67 STREET ADDRESS 1.68 CITY - ST - ZIP 1.69 TITLE 1.70 NAME 1.71 STREET ADDRESS 1.72 CITY - ST - ZIP 1.73 TITLE 1.74 NAME 1.75 STREET ADDRESS 1.76 CITY - ST - ZIP 1.77 TITLE 1.78 NAME 1.79 STREET ADDRESS 1.80 CITY - ST - ZIP 1.81 TITLE 1.82 NAME 1.83 STREET ADDRESS 1.84 CITY - ST - ZIP 1.85 TITLE 1.86 NAME 1.87 STREET ADDRESS 1.88 CITY - ST - ZIP 1.89 TITLE 1.90 NAME 1.91 STREET ADDRESS 1.92 CITY - ST - ZIP 1.93 TITLE 1.94 NAME 1.95 STREET ADDRESS 1.96 CITY - ST - ZIP 1.97 TITLE 1.98 NAME 1.99 STREET ADDRESS 1.100 CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 2.5 TITLE 2.6 NAME 2.7 STREET ADDRESS 2.8 CITY - ST - ZIP 2.9 TITLE 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY - ST - ZIP 2.13 TITLE 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY - ST - ZIP 2.17 TITLE 2.18 NAME 2.19 STREET ADDRESS 2.20 CITY - ST - ZIP 2.21 TITLE 2.22 NAME 2.23 STREET ADDRESS 2.24 CITY - ST - ZIP 2.25 TITLE 2.26 NAME 2.27 STREET ADDRESS 2.28 CITY - ST - ZIP 2.29 TITLE 2.30 NAME 2.31 STREET ADDRESS 2.32 CITY - ST - ZIP 2.33 TITLE 2.34 NAME 2.35 STREET ADDRESS 2.36 CITY - ST - ZIP 2.37 TITLE 2.38 NAME 2.39 STREET ADDRESS 2.40 CITY - ST - ZIP 2.41 TITLE 2.42 NAME 2.43 STREET ADDRESS 2.44 CITY - ST - ZIP 2.45 TITLE 2.46 NAME 2.47 STREET ADDRESS 2.48 CITY - ST - ZIP 2.49 TITLE 2.50 NAME 2.51 STREET ADDRESS 2.52 CITY - ST - ZIP 2.53 TITLE 2.54 NAME 2.55 STREET ADDRESS 2.56 CITY - ST - ZIP 2.57 TITLE 2.58 NAME 2.59 STREET ADDRESS 2.60 CITY - ST - ZIP 2.61 TITLE 2.62 NAME 2.63 STREET ADDRESS 2.64 CITY - ST - ZIP 2.65 TITLE 2.66 NAME 2.67 STREET ADDRESS 2.68 CITY - ST - ZIP 2.69 TITLE 2.70 NAME 2.71 STREET ADDRESS 2.72 CITY - ST - ZIP 2.73 TITLE 2.74 NAME 2.75 STREET ADDRESS 2.76 CITY - ST - ZIP 2.77 TITLE 2.78 NAME 2.79 STREET ADDRESS 2.80 CITY - ST - ZIP 2.81 TITLE 2.82 NAME 2.83 STREET ADDRESS 2.84 CITY - ST - ZIP 2.85 TITLE 2.86 NAME 2.87 STREET ADDRESS 2.88 CITY - ST - ZIP 2.89 TITLE 2.90 NAME 2.91 STREET ADDRESS 2.92 CITY - ST - ZIP 2.93 TITLE 2.94 NAME 2.95 STREET ADDRESS 2.96 CITY - ST - ZIP 2.97 TITLE 2.98 NAME 2.99 STREET ADDRESS 2.100 CITY - ST - ZIP					
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, and in Block 14 if new.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

3/25/97 (352) 597-3444
Date Daytime Phone