

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 2: 22

DOCUMENT # **K53695** (8)
1. Corporation Name
HAROLD M. REED, M.D., P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
1111 KANE CONCOURSE, SUITE 311 **1111 KANE CONCOURSE, SUITE 311**
BAY HARBOR ISLAND FL 33154 **BAY HARBOR ISLAND FL 33154**

3. Date Incorporated or Qualified **01/01/1989** 3a. Date of Last Report **06/14/1994**

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

4. FEI Number **65-0171397** Applied For
Not Applicable

22. City & State 27. City & State

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

23. Zip 28. Zip

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

24. Country 25. Country 29. Country 30. Country

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

KRAMER, ROBERT M.
4000 HOLLYWOOD BOULEVARD
SUITE 485 SOUTH
HOLLYWOOD FL 33021

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST
NAME	REED, HAROLD M., M.D.
STREET ADDRESS	1160 KANE CONCOURSE, #311
CITY - ST - ZIP	BAY HARBOR ISLAND FL
TITLE	D
NAME	REED, HAROLD M., M.D.
STREET ADDRESS	1160 KANE CONCOURSE, #311
CITY - ST - ZIP	BAY HARBOR ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	REED, HAROLD M., M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1111 KANE CONCOURSE, #311
1.3 STREET ADDRESS	BAY HARBOR, FLORIDA 33154
1.4 CITY - ST - ZIP	
2.1 TITLE	REED, HAROLD M., M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1111 KANE CONCOURSE, #311
2.3 STREET ADDRESS	BAY HARBOR, FLORIDA 33154
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

Harold M. Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/95
DATE

305-865-2000
PHONE NUMBER