

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 # **K 55248 (4)**

1. Corporation Name
LAWRENCE M. REISS, M.D., P.A.

Principal Place of Business: **921 N. 35 AVE STE 206 HOLLYWOOD, FL 33021 US**
Mailing Address: **921 N. 35 AVE STE 206 HOLLYWOOD, FL 33021 US**

2. Principal Place of Business: **3880 N. 40 AVE**
2a. Mailing Address: **3880 N. 40 AVE**
23. City & State: **HOLLYWOOD, FL**
24. Zip: **33021** 25. Country: **US**
26. Suite, Apt. #, etc.:
27. Suite, Apt. #, etc.:
28. City & State: **HOLLYWOOD, FL**
29. Zip: **33021** 30. Country: **US**

3. Date Incorporated or Qualified: **01/03/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0093744**
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. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**HOFFMAN, MARTIN L.
909 N. MIAMI BEACH BLVD #201
N. MIAMI BEACH, FL 33162**

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: _____ (NOTE: Registered Agent signature required when reconstituted)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REISS, LAWRENCE M.	
STREET ADDRESS	921 N. 35 AVE #206	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	REISS, LAWRENCE M.	
1.3 STREET ADDRESS	3880 N. 40 AVE #	
1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
2.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	REISS, TOBI	
2.3 STREET ADDRESS	3880 N. 40 AVE	
2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
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	300001808853	
4.3 STREET ADDRESS	-05/06/96--01030--025	
4.4 CITY-ST-ZIP	***200.00	
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 (changed) or on an attachment with an address.

SIGNATURE: _____ DATE: **4/20/96** TELEPHONE: **987-4330**

CR2E034 (12/95)