

File Now. Filing Fee after May 1 is \$225.00

FILED
May 21 1997 8:00am
Secretary of State

CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

1. Name and Mailing Address of Corporation: **DOCUMENT # K70129 (7)**
SCOTT B. HALPERIN, M.D., P.A.
7100 W 20TH AVE STE 213
HIALEAH FL 33016-1812

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/03/1989	3a. Date of Last Report 08/05/1997
--	--

FILING FEE **\$200.00**
 ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number 650136395	Applied For <input type="checkbox"/> Not Applicable
-----------------------------------	--

2. Mailing Address	2a. Principle Place of Business
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032. Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HALPERIN, SCOTT B.
7100 W 20TH AVENUE
SUITE 213
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81. Name	85. Zip Code	86. Country
82. Street Address (P.O. Box Number is Not Acceptable)	FL	
83.		
84. City		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 of the registered agent named herein, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Acceptance)

12. OFFICERS AND DIRECTORS

1.1 TITLE	P
1.2 NAME	HALPERIN, SCOTT B.
1.3 ADDRESS	7100 W 20TH AVE STE 213
1.4 CITY-ST-ZIP	HIALEAH FL
2.1 TITLE	
2.2 NAME	
2.3 ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 ADDRESS	
6.4 CITY-ST-ZIP	

13. OFFICERS AND DIRECTORS CHANGES

1.1 TITLE	
1.2 NAME	
1.3 ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 ADDRESS	
6.4 CITY-ST-ZIP	

900002202119 *CS*
-06/04/97--01109--030 *5/21/97*
*****165.00**

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE _____ DATE **5/14/97**
(Print/Type Name of Signing Officer or Director) (Daytime Telephone Number)

CR2E034 (11/92)