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Mar 11 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 # L10037

(4)

1. Corporation Name

HOWARD BUTLER, M.D., P.A.

Principal Place of Business

% KIRK FRIEDLAND
501 S FLAGLER DR #505
WEST PALM BEACH FL 33401

Mailing Address

% KIRK FRIEDLAND
501 S FLAGLER DR #505
WEST PALM BEACH FL 33401-5982

3. Date Incorporated or Qualified
08/17/1989

3a. Date of Last Report
04/05/1996

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

4. FEI Number

65-0129430

Applied For

Not Applicable

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

FRIEDLAND, KIRK
501 S FLAGLER DR
SUITE 505
WEST PALM BEACH FL 33401

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PSD
BUTLER, HOWARD, M.D.
5301 S CONGRESS AVE
ATLANTIS FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V
MERRELL, WILLIAM S
5301 SOUTH CONGRESS AVE
ATLANTIS FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V
BOYLE, THOMAS P
5301 SOUTH CONGRESS AVE
ATLANTIS FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V
BAJAKIAN, RICHARD L
5301 SOUTH CONGRESS AVE
ATLANTIS FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V
STANTON, WILLIAM
5301 SOUTH CONGRESS AVE
ATLANTIS FL

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

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/97

561-655-8200

Daytime Phone #

CR2E034 (9/96)