FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

May 08 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # M05714 (4)HARVEY I. GARBER, M.D., P.A. Principal Place of Business Mailing Address % HARVEY I. GARBER, M.D. % HARVEY I. GARBER, M.D. 5210 LINTON BLVD.. SUITE 306 5210 LINTON BLVD.. SUITE 306 DELRAY BEACH FL 33484-6571 DELRAY BEACH FL 33484-6571 Date Incorporated or Qualified 3a. Date of Last Report 09/26/1984 04/04/1996 Principal Place of Business Mailing Address Applied For 26 59-2445855 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing City & State \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 Florida Statutes Yes No 30 Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name GARBER, HARVEY I. 5210 LINTON BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 308** 83 **DELRAY BEACH FL 33445** 84 City Zip Code 85 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 the if applicable (NOTE_Fregistered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6)DELETE TITLE 11 TITLE Change Addition Addition GARBER, HARVEY I. (M.D.) NAME 1.2 NAME 5210 LINTON BLVD. S-306 STREET ADDRESS 1.3 STREET ADDRESS **DELRAY BCH FL** CITY-ST-ZIP 1.4 CITY-ST-7/P DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS 2.4 City-St-ZiP CITY-ST-ZIP DELETE TITLE 311111 Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CHY - ST - ZIP DELFTE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 51 1IILE Change Addition NAME 5.2 NAME TREET ADDRESS 5.3 STREET ADDRESS City-ST-ZIP

64 CITY-S1-ZIP 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 on an attachment with an address.

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 THE

6.2 NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

HARVEY I. GARBOR Vhale

561-495-0660

Change

Addition

FILED