

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

**FILED**  
**Apr 22 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** M21182 (4)  
 1. Corporation Name  
 Ronald D. Smith, M.D., P.A.

Principal Place of Business Mailing Address

2. Principal Place of Business	2a. Mailing Address
21 2500 Hollywood Blvd. <small>State, Apt. #, etc.</small>	26 2500 Hollywood Blvd. <small>Suite, Apt. #, etc.</small>
22 #212	27 #212
23 Hollywood, Fl. <small>City &amp; State</small>	28 Hollywood, Fl. <small>City &amp; State</small>
24 33020 <small>Zip</small>	29 33020 <small>Zip</small>
25 Broward <small>Country</small>	30 Broward <small>Country</small>

3. Date Incorporated or Qualified 09/27/1985	3a. Date of Last Report 02/27/1996
4. FEI Number 59-2582062	Applied For <input type="checkbox"/> Not Applicable
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
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**

**10. Name and Address of New Registered Agent**

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.

01 Name ROSS H. MANELLA ESQ.
02 Street Address (P.O. Box Number is Not Acceptable) 2500 Hollywood, Blvd.
03 Suite #212
04 City Hollywood
05 FL
06 Zip Code 33020

SIGNATURE: ROSS H. MANELLA DATE: 4/11/97  
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	PST	<input type="checkbox"/> DELETE
NAME	Smith, Ronald	
STREET ADDRESS	3700 Washington St. #506	
CITY- ST- ZIP	Hollywood, Fl. 33020	
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**

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	1150 North 35th Ave. Suite #560
14 CITY- ST- ZIP	Hollywood, Fl. 33021
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	400002151664
63 STREET ADDRESS	-04/23/97--01046--029
64 CITY- ST- ZIP	***165.00

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 on an attachment with an address.

SIGNATURE: Ronald D. Smith DATE: 4/11/97  
Signature typed or printed name of signing officer or director

Ronald D. Smith  
 President

CR2E034 (9/96)