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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **M30734**

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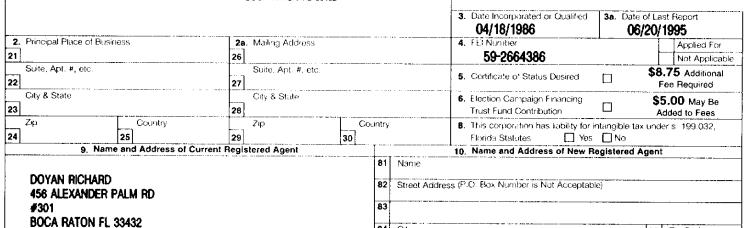
1. Corporation Name

RICHARD DOYAN, M.D., P.A.

Principal Place of Business

Malang Address

456 ALEXANDER PALM ROAD BOCA RATON FL 33432 456 ALEXANDER PALM ROAD BOCA RATON FL 33432



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. Thereby accept the appointment as registered agent. Laming with, and accept the obligations of Section 607.0505. Florida Statutes.

84 Crty

SIGNATURE	th, and accept the obligations of, Section 607			, , , , , , , , , , , , , , , , ,
	Signature, typed or protect name of registered april and their		It Haptered April spector require	
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITEF	PD	DELETE	1 1 TITLE	Change Addition
NAME	DOYAN, RICHARD		1.2 NAME	
STREET ADDRESS	456 ALEXANDER PALM RD.		1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL		1.4 CITY - ST - ZIP	
TITLE		DELETE.	2 1 ™té	Change Addition
NAME			2 2 NAME	
STREET ADDRESS			2.3 STREET ADORESS	
CITY - ST - ZIP			2 4 CITY - ST - ZIP	
TITLE		DELETE	3 1 TIFLE	Change Addition
NAME			3.2 NAME	_ -
STREET ADDRESS			3.3 STHEET ADDRESS	
CITY - ST - ZIP			3.4 CITY - ST - ZIP	
TITLE	3,0,	DELETE	4 1 TiTi E	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY - ST - ZIP	
TITLE		DELETE	5 1 T:Ti F	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - S1 - ZIP			5.4.CITY - ST - ZIF	
TITLE		DELETE	6 ! TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CHTY - ST - ZIP			6.4 City - ST. 7IP	

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 marie under oath; that I am an officer or director of the corporation or the receiver or trustee enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or organ attachment with an address.

SIGNATURE:

MATANE NO TIPED CANGENTED NAME CHANNING OFFICER OR DIRECTOR

1/14/46 407-7508847

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Zip Code

CR2E034 (12/95)