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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11882 (0)
1. Corporation Name
CENTRAL PARKWAY PROFESSIONAL ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 3760 BOCA RATON FL 33427 P.O. BOX 3760 BOCA RATON FL 33427

3. Date Incorporated or Qualified 11/04/1985 3a. Date of Last Report 04/30/1996

2. Principal Place of Business 2a. Mailing Address
21 1274 NE Business Park Pl. 26 P.O. Box 65
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Jensen Beach, FL 28 Jensen Beach, FL
Zip Country Zip Country
24 34957 25 USA 29 34958 30 USA

4. FEI Number 65-0085431 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
HAHAMOVITCH, HARRY H.
6353 W ROGERS CIRCLE
STE 1
BOCA RATON FL 33487

10. Name and Address of New Registered Agent
81 Name FLOYD SPENCER JR.
82 Street Address (P.O. Box Number is Not Acceptable) 1274 N.E. BUSINESS PARK PL
83
84 City JENSEN BEACH FL 85 Zip Code 34957

11. Pursuant to the provisions of 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 as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* FLOYD SPENCER JR.
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAHAMOVITCH, HARRY	
STREET ADDRESS	6353 W ROGERS CIRCLE #1	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HAHAMOVITCH, DIANNE	
STREET ADDRESS	6353 W ROGERS CIRCLE #1	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GEISERMAN, ROBERT	
STREET ADDRESS	6353 W ROGERS CIRCLE #1	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOVIS, ALFED	
STREET ADDRESS	907 CENTRAL PARKWAY	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOVIS, KAREN	
STREET ADDRESS	907 CENTRAL PARKWAY	
CITY-ST-ZIP	STUART FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	UNGAR, NANCY	
STREET ADDRESS	6353 W ROGERS CIRCLE #1	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	McKay, Kevin	
2.3 STREET ADDRESS	971 Central Parkway	
2.4 CITY-ST-ZIP	Stuart, FL 34994	
3.1 TITLE	VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Meder, Joseph	
3.3 STREET ADDRESS	963 Central Parkway	
3.4 CITY-ST-ZIP	Stuart, FL 34994	
4.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hill, Fred	
4.3 STREET ADDRESS	933 Central Parkway	
4.4 CITY-ST-ZIP	Stuart, FL 34994	
5.1 TITLE	P.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ritter, Robert	
5.3 STREET ADDRESS	937 Central Parkway	
5.4 CITY-ST-ZIP	Stuart, FL 34994	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)