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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300000098 (2)

	BUSUR, M.D., P.A.					
Principal Place	e of Business	Mailing Address			I INDIVIDUAL IDIDE HERE MENT BEHT BETT	Allii Baist Saist Collé (Ties lois (no)
1749 VESTAL WAY CORAL SPRINGS FL 33071 1749 VESTAL WAY CORAL SPRINGS FL 33071-5			ri -585 5			
					3. Date Incorporated or Qualified 12/31/1992	3a. Date of Last Report 11/13/1996
2. Principal Place of Business 2a, Mailing Address					4. FEI Number	Applied For
21 26					65-0378668	Not Applicable
Suite, Apt.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Cour 30	itry	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes □ No
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent
BUS	CH, ERIC M			81 Name		
1749 VESTAL WAY CORAL SPRINGS FL 33071				82 Street Add	Iress (P.O. Box Number is Not Acceptab	ole)
COP	VIL OFFINGS FL SOUT		ŀ	B3	:	
		•	- 1	B4 City		85 Zip Code
agent La SIGNATUHE	Signature, type for printed name of registrated as	gations of, Section 607.0505, F Adaption of the Happicable (NO ND DIRECTORS			poration submits this statement for the pation's board of directors. I hereby accessived when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DATE
TITLE	D	DELETE	1.1100	F	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	BUSCH, ERIC M		1.2 NA	1	•	
STREET ADDRESS	1749 VESTAL WAY			REET ADDRESS		
CITY ST. ZIP	CORAL SPRINGS FL 33071			Y-ST-ZIP		
TITLE	COIVE OF THITGO TE GOOT	DELETE	2.1 TiTl			Change Addition
NAME		_	2.2 NAI			• •
STREET ADDRESS				REET ADORESS		
CITY - ST - ZIP				ry-st-zip		
TITLE		DELETE	3.1 TIT			Change Addition
NAME			3.2 NAI	ME		
STREET ADDRESS			3 3 STF	REET ADORESS		
CITY - ST - ZIP			3.4 CII	Y-ST-ZIP		
TOLE		DELETE	4.1 TIT	LE		Change Addition
NAME			4 2 NA	IME :		
STREET ADDRESS			4 3 STF	IEET ADDRESS		•
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP		
TITLE		DELETE	51 TH	LE		Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	REET ADDRESS		
City - St - ZiP			5.4 CIT	Y-ST-ZIP		
TITLE		DELETE	6.1 T(T			Change Addition
NAME			6.2 NA	ME		

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 or an attachment with an address.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 29 1997 8:00am

Secretary of State