

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000020861 (9)

1. Corporation Name

LBA MEDICAL OFFICES, INC.



Principal Place of Business

Mailing Address

2901 W. OAKLAND PARK BLVD.

2901 W. OAKLAND PARK BLVD.

SUITE A-9

FT. LAUDERDALE FL 33311

US

FT. LAUDERDALE FL 33311
US

3. Date Incorporated or Qualified

03/19/1993

3a. Date of Last Report

04/25/1995

4. FEI Number

65-0401415

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

ANTOINE, LOUIS B
2901 W. OAKLAND PARK BLVD.
SUITE A-9
FT. LAUDERDALE FL 33311

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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.

SIGNATURE

Signature of person changing registered agent and title, if applicable

(NOTE: Registered Agent's signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

D
NAME
ANTOINE, LOUIS B
STREET ADDRESS
2901 W. OAKLAND PARK BLVD., SUITE A-9
CITY-ST-ZIP
FT. LAUDERDALE FL 33311

DELETE

2. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/96

954-735-778