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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P93000071474 (9)

DOCUMENT # PS

1. Corporation Name

MARA TITLIS M.D. P.A.

	TUTUS, M.D., P.A.				
Principal Place	of Business	Mailing Address	·		DAN BUNK BUNK KURU KURU KURU BEBUL KURK BUKE BURK
810 LUCERNE TERRACE 4305 ARBOR OAKS ORLANDO FL 32801 ORLANDO FL 32808 US					
				3. Date Incorporated or Qualified 10/14/1993	3a. Date of Last Report 05/01/1995
2. Principa: Pla	ce of Business	2a. Mailing Address	71.70	4. FEI Number	Applied For
21 Suite, Apt. #	, etc.	Surte, Apt. #, etc.		59-3207029	Not Applicable
22		27	···································	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25	Z ₁ p	Gountry 30	 This corporation has liability for Florida Statutes Yes 	intangible tax under s 199.032, □ No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New F	Registered Agent
THITHO	MADA MAD		81 Name		
TUTUS, MARA, M.D. 4305 ARBOR OAKS COURT			82 Street Add	ress (P.O. Box Number is Not Acceptate	ole)
	DO FL 32808		83		
			84 City		
					FL 85 Zip Code
11 Duraman 4-	the provisions of Sections 607 0500				
				ration submits this statement for the pu	rcose of changing its registered office
familiar with	d agent, or both, in the State of Floric n, and accept the obligations of, Secti			ration submits this statement for the pu ard of directors. I hereby accept the app	rcose of changing its registered office ontiment as registered agent. I am
familiar with	n, and accept the obligations of, Secti	ion 607.0505, Florida Statute	zed by the corporation's boals.	ard of directors. Thereby accept the app	ointment as registered agent. I am
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oath; that I am an officer or director of the corporation or the receiver or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE: X

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Director of the exemptor of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under supplemental made under the same legal effect as if made under supplemental made under supplemental made under the same legal effect as if made under supplemental made under supplemental made under the same legal effect as if made under under supplemental made under supplemental made under supplemental made under under supplemental made under under supplemental made under under supplemental made under un