

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000086021 (1)**

1. Corporation Name

ANTHONY R. LAI, M.D., P.A.



2. Principal Place of Business

7300 SW 62 PL
2ND FLOOR
S MIAMI FL 33143

3. Mailing Address

7300 SW 62 PL
2ND FLOOR
S MIAMI FL 33143

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. Country

28. Zip

30. Country

9. Name and Address of Current Registered Agent

**TOLAND, BRUCE J
800 BRICKELL AVE
SUITE 1100
MIAMI FL 33131**

3. Date Incorporated or Qualified

12/13/1993

3a. Date of Last Report

02/28/1995

4. FEI Number

65-0460174

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

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 602, 603 and 604, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or principal place of business 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 further authorized to accept the appointment as set forth in Sections 602, 603, Florida Statutes.

SIGNATURE

**D
LAI, ANTHONY R
7300 SW 62 PL 2ND FL
S MIAMI FL 33143**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME

Change Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

Change Addition

15 NAME

16 STREET ADDRESS

17 CITY, ST, ZIP

Change Addition

18 NAME

19 STREET ADDRESS

20 CITY, ST, ZIP

Change Addition

21 NAME

22 STREET ADDRESS

23 CITY, ST, ZIP

Change Addition

24 NAME

25 STREET ADDRESS

26 CITY, ST, ZIP

Change Addition

27 NAME

28 STREET ADDRESS

29 CITY, ST, ZIP

Change Addition

30 NAME

31 STREET ADDRESS

32 CITY, ST, ZIP

14. I hereby certify that the information supplied by the corporation voluntarily furnished and does not qualify for the exemption stated in Section 119.04(3)(a) Florida Statutes. I further certify that the information furnished by the corporation is correct or is supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, whichever is applicable, of this filing.

SIGNATURE:

Anthony R. Lai

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

669-9521

CR2E034 (12/95)