

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

FILED

**Apr 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000082395 (2)

1. Corporation Name
TERENCE PEPPARD, M.D., P.A.



Principal Place of Business % DAVID S. ZIMBLE, ESO. 1101 BRICKELL AVE., PENTHOUSE MIAMI FL 33131	Mailing Address % DAVID S. ZIMBLE, ESO. 1101 BRICKELL AVE., PENTHOUSE MIAMI FL 33131-3105
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3. Date Incorporated or Qualified 11/07/1994	3a. Date of Last Report 04/09/1996
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2. Principal Place of Business 21 Terence Peppard MDPA	2a. Mailing Address 26 Terence Peppard MDPA
Suite, Apt. #, etc. 22 3661 South Miami Ave	Suite, Apt. #, etc. 27 4350 N. Jefferson Ave
City & State 23 MIAMI, FL	City & State 28 MIAMI BEACH, FL
Zip 24 33133	Zip 29 33140
Country 25 USA	Country 30 USA

4. FEI Number 65-0531485	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ZIMBLE, DAVID S
1101 BRICKELL AVE.
PENTHOUSE
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **EILEEN FRINERMAN**
 82 Street Address (P.O. Box Number is Not Acceptable)
4350 North Jefferson Ave
 83
 84 City **MIAMI BEACH, FL** 85 Zip Code **33140**

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: *Eileen Frinerman* DATE: **3-20-97**
Signature of officer, printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	PS TERRANCE PEPPARD MD	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3681 S MIAMI AVE #108	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Terence Peppard* DATE: **MARCH 30, 1997** (305) 651-7239
Signature and Typed or Printed Name of Signing Officer or Director Daytime Phone

CR2E034 (9/96)