


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

FILED
Apr 18 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 # P95000000124 (4)
 1. Corporation Name
ROBERT FELDMAN, M.D., P.A.



Principal Place of Business 1511 SW 1ST AVENUE Ocala FL 34474 US	Mailing Address 1511 SW 1ST AVE Ocala FL 34474-4005 US
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3. Date Incorporated or Qualified 01/01/1995	3a. Date of Last Report 04/17/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number 59-3284884	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FONTES, DAVID A.
 201 N FRANKLIN ST SUITE 2000
 TAMPA FL 33602**

10. Name and Address of New Registered Agent
 81 Name **Anthony DeAquino**
 82 Street Address (P.O. Box Number is Not Acceptable)
2101 W COMMERCIAL BLVD SUITE 4800
 83
 84 City **Port LAUDERDALE** FL 85 Zip Code **33309**

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 *Anthony DeAquino* **ANTHONY DE AQUINO** **3-19-97**
Signature, typed or printed name of registered agent and firm if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	FELDMAN, ROBERT L	
STREET ADDRESS	1511 SW 1ST AVE	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	THOMAS J. WARGOWICH		
2.3 STREET ADDRESS	1511 SW 1ST AVE		
2.4 CITY-ST-ZIP	OCALA, FL 34474		
3.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	FRANK J. HILNER		
3.3 STREET ADDRESS	1511 SW 1ST AVE		
3.4 CITY-ST-ZIP	OCALA FL 34474		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: *[Signature]*

CR2E034 (9/96)