

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000004187 (7)**

1. Corporation Name

**STUART MEDICAL ARTS, P.A.**



Principal Place of Business

**3889 SW ST. LUCIE SHORES DR  
PALM CITY FL 34990**

Mailing Address

**3889 SW ST. LUCIE SHORES DR.  
PALM CITY FL 34990**

<b>3.</b> Date Incorporated or Qualified <b>01/13/1995</b>	<b>3a.</b> Date of Last Report
<b>4.</b> FEI Number <b>65-0551837</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> <b>932 S.E. Osceola St.</b>	<b>26</b> <b>Box 446</b>
Street, Apt. #, etc.	Street, Apt. #, etc.
<b>22</b> <b>Suite A</b>	<b>27</b>
City & State	City & State
<b>23</b> <b>Stuart, FL</b>	<b>28</b> <b>Stuart, FL</b>
Zip	Zip
<b>24</b> <b>34994</b>	<b>29</b> <b>34995</b>
Country	Country
<b>25</b> <b>USA</b>	<b>30</b> <b>USA</b>

**9. Name and Address of Current Registered Agent**

**PLOUCHA, L M  
1946 TYLER ST.  
HOLLYWOOD FL 33022-2088**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	<b>85</b> Zip Code
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>

**11.** Pursuant to the provisions of Sections 607.0502 and 607.1306, 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 the principal place of business of the corporation

Signature of Agent for the new registered office

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>11</b> TITLE	<b>D</b>	<input type="checkbox"/> DELETE	<b>11</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12</b> NAME	<b>KRAUTER, SUSAN E</b>		<b>12</b> NAME	
<b>13</b> STREET ADDRESS	<b>3889 SW ST. LUCIE SHORES DR.</b>		<b>13</b> STREET ADDRESS	
<b>14</b> CITY-STATE-ZIP	<b>PALM CITY FL 34990</b>		<b>14</b> CITY-STATE-ZIP	
<b>21</b> TITLE		<input type="checkbox"/> DELETE	<b>21</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>22</b> NAME			<b>22</b> NAME	
<b>23</b> STREET ADDRESS			<b>23</b> STREET ADDRESS	
<b>24</b> CITY-STATE-ZIP			<b>24</b> CITY-STATE-ZIP	
<b>31</b> TITLE		<input type="checkbox"/> DELETE	<b>31</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>32</b> NAME			<b>32</b> NAME	
<b>33</b> STREET ADDRESS			<b>33</b> STREET ADDRESS	
<b>34</b> CITY-STATE-ZIP			<b>34</b> CITY-STATE-ZIP	
<b>41</b> TITLE		<input type="checkbox"/> DELETE	<b>41</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>42</b> NAME			<b>42</b> NAME	
<b>43</b> STREET ADDRESS			<b>43</b> STREET ADDRESS	
<b>44</b> CITY-STATE-ZIP			<b>44</b> CITY-STATE-ZIP	
<b>51</b> TITLE		<input type="checkbox"/> DELETE	<b>51</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>52</b> NAME			<b>52</b> NAME	
<b>53</b> STREET ADDRESS			<b>53</b> STREET ADDRESS	
<b>54</b> CITY-STATE-ZIP			<b>54</b> CITY-STATE-ZIP	
<b>61</b> TITLE		<input type="checkbox"/> DELETE	<b>61</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>62</b> NAME			<b>62</b> NAME	
<b>63</b> STREET ADDRESS			<b>63</b> STREET ADDRESS	
<b>64</b> CITY-STATE-ZIP			<b>64</b> CITY-STATE-ZIP	

**14.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:

*Susan E. Krauter MD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN E. KRAUTER 1/25/96  
DATE

407 287 9955  
OFFICE PHONE #

CR2E034 (12/95)