

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000016515

1. Corporation Name

Edgar H. J. Hift, M.D., P.A.

Principal Place of Business

4800 N.E. 20th Terrace  
Fort Lauderdale, FL 33308

Mailing Address

4800 N.E. 20th Terrace  
Fort Lauderdale, FL 33308

3. Date Incorporated or Qualified  
3/1/95

3a. Date of Last Report

2. Principal Place of Business

21 State Apt. #, etc

22 City & State

23 Zip Country

2a. Mailing Address

26 54 N.E. Fourth Avenue

27 State Apt. #, etc.

27 City & State

28 Delray Beach, FL 33483

29 Zip Country

33483

30 Palm Beach

4. FEI Number  
65-0562322

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

9. Name and Address of Current Registered Agent

James B. Davis  
100 N.E. 3rd Avenue, #400  
Fort Lauderdale, FL 33301

10. Name and Address of New Registered Agent

81 Name  
Jeffrey L. Cohen  
82 Street Address (P.O. Box Number is Not Acceptable)  
54 Northeast Fourth Avenue  
83  
84 City  
Delray Beach FL 85 Zip Code  
33483

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

*[Signature]*

Jeffrey L. Cohen

3/1/96

12. OFFICERS AND DIRECTORS

NOTE: Registered Agent signature required when necessary.

TITLE	Pres., Treas., Sec., Director	DELETE
NAME	Edgar H. J. Hift, M.D.	
STREET ADDRESS	4800 N.E. 20th Terrace	
CITY, ST, ZIP	Fort Lauderdale, FL 33308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
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STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

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-03/08/96--01009--020  
\*\*\*200.00

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 Block 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Edgar H. J. Hift, M.D., President

3/1/96

(954) 772-2600

CR3E034 (12/95)

*[Handwritten mark]*