

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

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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 # P95000063896 (1)

1. Corporation Name
ALAN MEYERS, PH.D., P.A.



Principal Place of Business 22421 SW 66 AVE APT 502 BOCA RATON FL 33428	Mailing Address 22421 SW 66 AVE APT 502 BOCA RATON FL 33428-5302
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3. Date Incorporated or Qualified 08/17/1995	3a. Date of Last Report 06/11/1996
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2. Principal Place of Business 21 6025 NW 45th Way Suite, Apt. #, etc. 22 City & State 23 COCONUT CREEK, FL Zip 24 33073	2a. Mailing Address 26 6025 NW 45th Way Suite, Apt. #, etc. 27 City & State 28 COCONUT CREEK, FL Zip 29 33073	Country 25 USA 30 USA
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4. FEI Number 65-0602254	Applied For 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
MEYERS, ALAN
22421 SW 66 AVE APT 502
BOCA RATON FL 33428

10. Name and Address of New Registered Agent
81 Name ALAN MEYERS, PH.D.
82 Street Address (P.O. Box Number is Not Acceptable) 6025 NW 45th Way
83 COCONUT CREEK
84 City COCONUT CREEK, FL 85 Zip Code 33073

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 Alan Meyers, Ph.D. ALAN MEYERS DATE 4/1/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DOCTOR MEYERS, ALAN	<input checked="" type="checkbox"/> DELETE
NAME	22421 SW 66 AVE APT 502	
STREET ADDRESS	BOCA RATON FL 33428	
CITY-ST-ZIP		
TITLE	DR.	<input type="checkbox"/> DELETE
NAME	ALAN MEYERS	
STREET ADDRESS	6025 NW 45th Way	
CITY-ST-ZIP	COCONUT CREEK, FL. 33073	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Alan Meyers, Ph.D. ALAN MEYERS DATE 4/1/97 DAYTIME PHONE # 554-420-5229
Signature and typed or printed name of signing officer or director

CR2E034 (9/96)