
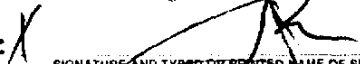


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96 0000000 15 1. Corporation Name Stephen I. Arkin, M.D., P.A.			
Principal Place of Business 507 Oakfield Drive Brandon, Florida 33511		Mailing Address c/o Miracles Maternity P. O. Box 2774 Brandon, Florida 33511	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent Herbert R. Donica, Esq. 201 E. Kennedy Blvd. Suite 1500 Tampa, Florida 33602		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP Pres. Stephen I. Arkin, M.D. 5202 Troon Place Valrico, Florida 33594 TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary/Treasurer Stephen I. Arkin, M.D. 5202 Troon Place Valrico, Florida 33594 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETED TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETED TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETED TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETED		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELETED 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP DELETED 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DELETED 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETED 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETED 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP DELETED	
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. 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: 		Date: 3/31/97 Daytime Phone #: 661-660	

CR2E034 (9/96)