


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

FILED

May 07 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortonham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P96000006319 (3)</b> 1. Corporation Name <b>DON BRYAN, O.D., P.A.</b>		



Principal Place of Business <b>5310 HAWKES BLUFF AVENUE</b> <b>DAVIE FL 33331</b>	Mailing Address <b>5310 HAWKES BLUFF AVENUE</b> <b>DAVIE FL 33331-3308</b>
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2. Principal Place of Business <b>21 DON BRYAN, O.D.</b> Suite, Apt. #, etc. <b>22 20354 N.W. 2nd Ave</b> City & State <b>23 Miami, FL</b> Zip <b>24 33169</b>		2a. Mailing Address <b>26 DON BRYAN, O.D.</b> Suite, Apt. #, etc. <b>27 20354 N.W. 2nd Ave.</b> City & State <b>28 Miami, FL</b> Zip <b>29 33169</b>		3. Date Incorporated or Qualified <b>01/19/1996</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number <b>65-0643690</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		7. 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 <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301-2525</b>				10. Name and Address of New Registered Agent <b>81 Name DON BRYAN</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 20354 N.W. 2nd Ave.</b> <b>83</b> <b>84 City Miami FL 85 Zip Code 33169</b>			
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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 Don Bryan (NOTE: Registered Agent signature required when reinstating) DATE 4/20/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D BRYAN, DON</b>	1.2 NAME	
STREET ADDRESS	<b>5310 HAWKES BLUFF AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL 33331</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D BRYAN, RUTH</b>	2.2 NAME	
STREET ADDRESS	<b>5310 HAWKES BLUFF AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL 33331</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Don Bryan DATE: 4/20/97 (305) 652-5277

CR2E034 (9/96)