

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000019223 (2)

1. Corporation Name
NUC-PHAR, INC.

Principal Place of Business
4020 DEL PRADO BLVD. S., SUITE A-1
CAPE CORAL FL 33904

Mailing Address
4020 DEL PRADO BLVD. S., SUITE A-1
CAPE CORAL FL 33904-7181

FILED
May 08 1997 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/01/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0648121		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		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

FOX, MORRIS B
4020 DEL PRADO BLVD, S., SUITE A-1
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

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

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 the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

X

Signature, type, registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSTD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOX, MORRIS B		1.2 NAME				
STREET ADDRESS	4020 DEL PRADO BLVD, S., SUITE A-1		1.3 STREET ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL 33904		1.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			2.2 NAME	DOSORETZ, DANIEL E. MD			
STREET ADDRESS			2.3 STREET ADDRESS	1850 BOY SCOUT DR., STE 102			
CITY-ST-ZIP			2.4 CITY-ST-ZIP	FORT MYERS, FL 33907			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME	KATIN, MICHAEL J. MD			
STREET ADDRESS			3.3 STREET ADDRESS	1850 BOY SCOUT DR., STE 102			
CITY-ST-ZIP			3.4 CITY-ST-ZIP	FORT MYERS, FL 33907			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME	BLITZER, PETER H. MD			
STREET ADDRESS			4.3 STREET ADDRESS	1850 BOY SCOUT DR., STE 102			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	FORT MYERS, FL 33907			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME	RUBENSTEIN, JAMES H. MD			
STREET ADDRESS			5.3 STREET ADDRESS	1850 BOY SCOUT DR., STE 102			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	FORT MYERS, FL 33907			
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

SIGNATURE OF DANIEL E. DOSORETZ

4/20/97

(940) 936-8794

CR2E034 (9/96)