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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000101885 (7)

REDMOND P. BURKE, MD, P.A.

Principal Place of Business 3200 SW 60TH COURT STE 102 MIAMI FL 33155

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

MIAMI

3576 Matheson

KAUFMAN, DANA M 11900 BISCAYNE BLVD.

**MIAMI FL 33181** 

FLORIDA

USA

9. Name and Address of Current Registered Agent

Mailing Address

2a. Mailing Address

City & State

Ζıρ

Mami

23133

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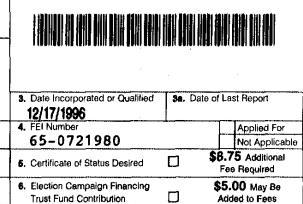
29

Suite, Apt. #, etc.

3200 SW 80TH COURT STE 102 MIAMI FL 33155-4089

26 3576 Metheson Ave

## **FILED** May 05 1997 8:00am Secretary of State



This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

X Yes No

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

Courary

**454** 

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City

V	am tamiliar with, and accept the obligations of, Section	11 607.0303, FIOR	ida Statines.		•	
SIGNATURE	Signature, typed or purited name of registered agent and title if applicab	le (NOTE:	Registered Agent signature require	ed when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	***************************************	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	S IN 12
TITLE	D	DELETE	1.1 TITUE		Change	Addition
NAM:	BURKE, REDMOND P		1.2 NAME			
STREET ADDRESS	3576 MATHESON AVE.		1.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33133		1.4 CITY - ST - ZIP			
TITLE		DELETE	2.1 TRLE		Change	Addition
NAME			2.2 NAIVE			
STREET ADDRESS			2.3 STREET ADDRESS			
City+St-Ziff			2 4 CITY - ST-ZIP	•		
TITLE	A Company of the Comp	DELETE	3 1 TITLE		Change	Addition
NAME			32 NAME			
STREET ADDRESS			3 3 STALET ADDRESS			
CHY-ST-ZIP			3.4. Crt - ST - ZiP			
TITLE		DELETE	4.1 TiTus.		Change	Addition
NAME			4. 2 NAVE			
STREET ADDRESS			4.3 STREET ADDRESS			
CHY-SI-7P			4.4 CITY - ST - ZIP			
THE		DEFELE	5.1 TITLI		. Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - S1 - ZIP			5.4 CITY - ST-ZIP			
THLE		DELETE	6.1 TITE		Change	Addition
NAME.			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
01EV_\$1.72P			64 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

SIGNATURE: