FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **S23930** **(8)**

1. Corporation Name

PATRICIA GOLDBLATT, M.D., P.A.

Principal Place of Business
1916 NW 32ND TERRACE
GAINESVILLE FL 32605

Mailing Address
1916 NW 32ND TERRACE
GAINESVILLE FL 32605

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **01/03/1991**

3a. Date of Last Report: **03/16/1995**

4. FEIN number: **59-3071603** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

GOLDBLATT, PATRICIA MD
1916 NW 32ND TERRACE
GAINESVILLE FL 32605

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 Section 607.0502 and 607.0505, 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Date

12. OFFICERS AND DIRECTORS

TITLE D
NAME GOLDBLATT, PATRICIA MD
STREET ADDRESS 1916 NW 32ND TERRACE
CITY, ST, ZIP GAINESVILLE FL
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE [ ] Change [ ] Addition
1. NAME
1. STREET ADDRESS
1. CITY, ST, ZIP

2. TITLE [ ] Change [ ] Addition
2. NAME
2. STREET ADDRESS
2. CITY, ST, ZIP

3. TITLE [ ] Change [ ] Addition
3. NAME
3. STREET ADDRESS
3. CITY, ST, ZIP

4. TITLE [ ] Change [ ] Addition
4. NAME
4. STREET ADDRESS
4. CITY, ST, ZIP

5. TITLE [ ] Change [ ] Addition
5. NAME
5. STREET ADDRESS
5. CITY, ST, ZIP

6. TITLE [ ] Change [ ] Addition
6. NAME
6. STREET ADDRESS
6. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify, for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate in all aspects. 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 is added in Block 13 per instructions.

SIGNATURE: Patricia Goldblatt, M.D. 4/15/96 352-333-4255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)