

SECURITY NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S26010** (6)

1. Corporation Name
PATCHARIN EMWATTANA, P.A.

Principal Place of Business
**4400 W. SAMPLE RD., STE 122
COCONUT CREEK FL 33073**

Mailing Address
**4400 W. SAMPLE RD., STE 122
COCONUT CREEK FL 33073**

APPROVED
AND
FILED
97 AUG -5 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/18/1991 | 3a. Date of Last Report 02/29/1996 |
| 4. FEI Number 65-0261869 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent
**EMWATTANA, PATCHARIN
611 PALMETTO DRIVE
COCONUT CREEK FL 33066**

| |
|---|
| 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 |

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

| 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 | EMWATTANA, PATCHARIN | 1.2 NAME | |
| STREET ADDRESS | 611 PALMETTO DR. | 1.3 STREET ADDRESS | 200002264772--9 |
| CITY-ST-ZIP | COCONUT CREEK FL | 1.4 CITY-ST-ZIP | -08/12/97--01068--015 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | ****165.00 ****165.00 |
| NAME | | 2.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 _____ DATE **7/22/97**

CP2E034 (4/97)

Patcharin Emwattana, MD, PA
4400 West Sample Road, #122
Coconut Creek, Florida 33073

(954) 978-6130

July 25, 1997

Florida Department of State
Tallahassee, Florida

Re: Patcharin Emwattana, MD, PA
Federal ID# 65-0261869
1997 Annual Report

Dear Sir or Madam:

Per conversation with one of your agent, Michael at (904) 488-9000 on July 23, 1997, I was instructed to send in the original \$165 fee for the 1997 annual report with a brief explanation. Michael told me that the penalty for filing late was waived and that I have until September 17, 1997 to pay the fee.

I never recieved the first notice of filing the 1997 annual report. I responded promptly when I recieve the late notice. I believe that I should not be penalized for something that is beyond my control.

Thank you for your kind understanding.

Sincerely yours,



Patcharin Emwattana, MD

Enclosure: