
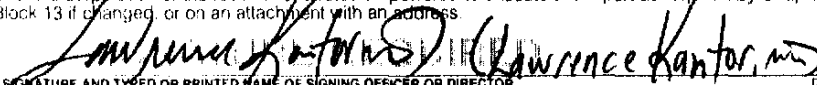


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S35621 (9)					
1. Corporation Name STUART MEDICAL GROUP, P.A.					
Principal Place of Business 417 BALBOA AVENUE STUART FL 34994			Mailing Address 417 BALBOA AVENUE STUART FL 34994-2327		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/05/1991	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 04/04/1996	
City & State 23		City & State 28		4. FEI Number 65-0244590	
Zip 24		Country 25		Applied For Not Applicable	
Zip 29		Country 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent RITTER, WILLIAM S. 4825 SE MANATEE TERRACE STUART FL 34997					
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, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	RITTER, WILLIAM S.				
STREET ADDRESS	417 BALBOA AVE.				
CITY - ST - ZIP	STUART FL				
TITLE	DV	<input checked="" type="checkbox"/> DELETE			
NAME	BASKIN, GORDON S				
STREET ADDRESS	417 BALBOA AVE.				
CITY - ST - ZIP	STUART FL				
TITLE	DS	<input type="checkbox"/> DELETE			
NAME	SPEICHER, MATTHEW				
STREET ADDRESS	417 BALBOA AVE.				
CITY - ST - ZIP	STUART FL				
TITLE	DT	<input type="checkbox"/> DELETE			
NAME	KANTOR, LAWRENCE R.				
STREET ADDRESS	417 BALBOA AVE.				
CITY - ST - ZIP	STUART FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MORDES, DAVID B				
STREET ADDRESS	417 BALBOA AVE.				
CITY - ST - ZIP	STUART FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
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:  (Lawrence Kantor, m) (561) 283-0350					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)