

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:08

DOCUMENT # S48075 (3)
1. Corporation Name
ROBERTO TUCHMAN, M.D., P.A.

Principal Place of Business Mailing Address
**3200 S.W. 60TH COURT
SUITE 302
MIAMI FL 33155** **3200 S.W. 60TH COURT
SUITE 302
MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/24/1991** 3a. Date of Last Report: **03/04/1994**
4. FEI Number: **65-0258401** 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: Yes No

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

9. Name and Address of Current Registered Agent
**DINER, MANUEL, ESQ.
48 E. FLAGLER STREET
PH 103
MIAMI FL 33131**

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 _____ (NOTE: Registered Agent Signature Required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCHMAN, ROBERTO	1.2 NAME	
STREET ADDRESS	3200 S.W. 60TH COURT	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		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		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		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		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 furnished herein is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(g), 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. 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 applicable, or as an attachment with an address.

SIGNATURE:  x **3/15/95** x **(305) 662-8330**
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SL48075

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Suzanne B. Mathison
Secretary of State
DIVISION OF CORPORATIONS

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ROBERTO TUCHMAN, M.D., P.A.

Principal Place of Business: 3200 S.W. 80TH COURT SUITE 302 MIAMI FL 33155
Mailing Address: 3200 S.W. 80TH COURT SUITE 302 MIAMI FL 33155

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Form fields for dates, FEI number, and certificates of state devices.

Name and Address of Current Registered Agent: DNER, MANUEL, ESQ., 48 E. FLAGLER STREET PH 103 MIAMI FL 33131
Name and Address of New Registered Agent: WOLPERT & KAUFMAN, P.A., CERTIFIED PUBLIC ACCOUNTANTS, TAXPAYER'S COPY

11. I, the undersigned, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and I hereby accept the account of the registered agent furnished herein and accept the obligations of Section 607.0505, Florida Statutes.

Table with 2 columns: OFFICERS AND DIRECTORS, and ADVERTISEMENTS TO OFFICERS AND DIRECTORS. Includes names like TUCHMAN, ROBERTO and columns for title, address, and dates.

SIGNATURE: _____

DO NOT DETACH THIS STUB
DO NOT WRITE OR MAKE ANY MARKS ON THIS STUB
1995 ANNUAL REPORT

Date Due: 05/01/95
Amount Due: \$200.00
Amount Due After 5/01/95: \$225.00

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S48075 (3)
ROBERTO TUCHMAN, M.D., P.A.