

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

FILED

Feb 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
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DOCUMENT # **S54865** (8)

1. Corporation Name
TAMARA L. GMITTER, M.D., P.A.

Principal Place of Business 1625 N COMMERCE PKWY SUITE 205 FT LAUDERDALE FL 33326 US	Mailing Address 1625 N COMMERCE PKWY SUITE #205 FT LAUDERDALE FL 33326-3206 US
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2. Principal Place of Business 21 1604 Town Center Blvd. Suite, Apt. #, etc. 22 Suite D City & State 23 Weston, FL Zip Country 24 33326 25 USA	2a. Mailing Address 26 1976 NW 29th Rd. Suite, Apt. #, etc. 27 City & State 28 Boca Raton, FL Zip Country 29 33431 30 USA	3. Date Incorporated or Qualified 05/22/1991	3a. Date of Last Report 01/26/1996	4. FEI Number 65-0264724	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent GMITTER, TAMARA L 1625 N COMMERCE PKWY SUITE 205 FT LAUDERDALE FL 33326	10. Name and Address of New Registered Agent 81 Name Gmitter, TAMARA L. 82 Street Address (P.O. Box Number is Not Acceptable) 1604 Town Center Blvd. Suite D 83 84 City Weston FL 85 Zip Code 33326
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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 *T. Gmitter* (NOTE: Registered Agent signature required when reinstating) DATE **1/12/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME GMITTER, TAMARA L. STREET ADDRESS 1976 NW 29TH RD CITY-ST-ZIP BOCA RATON FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME TAMARA L. Gmitter 1.3 STREET ADDRESS 1976 NW 29th Rd 1.4 CITY-ST-ZIP Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (add zip code)
TITLE	<input type="checkbox"/> DELETE	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	<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: *T. Gmitter* **TAMARA L. Gmitter, MD,** 1/12/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **(954) 384-7900**

CR2E034 (9/96)