

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 # **S82822** (5)

1. Corporation Name
SAMUEL R. GALITZER, D.P.M.,P.A.



Principal Place of Business: **9200 NE 6 AVE MIAMI SHORES FL 33138 US**
Mailing Address: **9200 NE 6 AVE MIAMI SHORES FL 33138 US**

3. Date Incorporated or Qualified: **09/24/1991**
3a. Date of Last Report: **03/14/1995**
4. FEI Number: **65-0285800**
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **GALITZER, SAMUEL R DPM PA 17101 NE 6TH AVE NORTH MIAMI BEACH FL 33162**
10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85

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: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| 1. TITLE | PVD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | GALITZER, SAMUEL R | 2.1 NAME | |
| 3. STREET ADDRESS | 1075 NE 176TH STREET | 3.1 STREET ADDRESS | |
| 4. CITY-STATE-ZIP | NO MIAMI BCH FL | 4.1 CITY-STATE-ZIP | |
| 5. TITLE | ST <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | GALITZER, SAMUEL R | 6.1 NAME | |
| 7. STREET ADDRESS | 1075 NE 176TH STREET | 7.1 STREET ADDRESS | |
| 8. CITY-STATE-ZIP | NO MIAMI BCH FL | 8.1 CITY-STATE-ZIP | |
| 9. TITLE | <input type="checkbox"/> DELETE | 9.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | | 10.1 NAME | |
| 11. STREET ADDRESS | | 11.1 STREET ADDRESS | |
| 12. CITY-STATE-ZIP | | 12.1 CITY-STATE-ZIP | |
| 13. TITLE | <input type="checkbox"/> DELETE | 13.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | | 14.1 NAME | |
| 15. STREET ADDRESS | | 15.1 STREET ADDRESS | |
| 16. CITY-STATE-ZIP | | 16.1 CITY-STATE-ZIP | |
| 17. TITLE | <input type="checkbox"/> DELETE | 17.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME | | 18.1 NAME | |
| 19. STREET ADDRESS | | 19.1 STREET ADDRESS | |
| 20. CITY-STATE-ZIP | | 20.1 CITY-STATE-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 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 my address.

SIGNATURE: _____ DATE: **2/18/96** **305-751-3331**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____

CR2E034 (12/95)