

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V07450 (2)**
1. Corporation Name

BAPTIST DIABETES ASSOCIATES, P.A.



Principal Place of Business BAPTIST HOSP.-JOSLIN CLINIC 8900 N. KENDALL DR. MIAMI FL 33176 US		Mailing Address BAPTIST HOSP.-JOSLIN CLINIC 8900 N. KENDALL DR. MIAMI FL 33176 US		3. Date Incorporated or Qualified 01/17/1992	3a. Date of Last Report 04/10/1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0307791	Applied For Not Applicable
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Country	29. Zip	30. Country
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent SHEVIN, ARNOLD D. 3300 S.E. FINANCIAL CENTER 200 SOUTH BISCAYNE BLVD. MIAMI FL 33131-2385		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 FL

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD COHEN, MARTIN	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7800 S.W. 87 AVE.	12 NAME	
STREET ADDRESS	MIAMI FL	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	VD WEISSMAN, PETER MD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8700 N KENDALL DRIVE	22 NAME	8740 N. Kendall Drive
STREET ADDRESS	MIAMI FL	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	SD GUILLERMO, PONS M	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8955 SW 87 COURT	32 NAME	
STREET ADDRESS	MIAMI FL	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	TD ROTHBERG, MARTIN	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9049 S.W. 87TH COURT	42 NAME	
STREET ADDRESS	MIAMI FL	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Martin Rothberg* **Martin Rothberg** **6-13-96** **(305) 274-9175**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)