

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

FILED

**Apr 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 8940 N. Kendall Dr., #E-804, Miami, FL 33176, USA

2a. Mailing Address: 8940 N. Kendall Dr., #E-804, Miami, FL 33176, USA

3. Date Incorporated or Qualified: 01/17/1992

4. FEI Number: 65-0307791

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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: 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD COHEN, MARTIN 7800 S.W. 87 AVE. MIAMI FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	33176
TITLE	VD WEISSMAN, PETER MD 8740 N KENDALL CRIVE MIAMI FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	8940 N. Kendall Dr, #E-804
CITY-ST-ZIP		2.4 CITY-ST-ZIP	33176
TITLE	SD GUILLERMO, PONS M 8955 SW 87 COURT MIAMI FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	8940 N. Kendall Dr, #E-804
CITY-ST-ZIP		3.4 CITY-ST-ZIP	33176
TITLE	TD ROTHBERG, MARTIN 9049 S.W. 87TH COURT MIAMI FL	4.1 TITLE	<input checked="" 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	33176
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 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: _____ (Treasurer) 4-10-98 305-270-3191

CR2E034 (10/97)