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Jan 15 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V61039

(6)

1. Corporation Name
COLLISION PHYSICIAN, INC.



Principal Place of Business

5201 NW 15 ST
BLDG. C. BAY 6
MARGATE F 33063
US

Mailing Address

5201 NW 15 ST
BLDG. C. BAY 6
MARGATE FL 33063-3770
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

9. Name and Address of Current Registered Agent

DARON, STEVEN
9248 NW 14 CT
CORAL SPRINGS FL 33071

POOR ORIGINAL

3. Date Incorporated or Qualified

09/01/1992

3a. Date of Last Report

01/24/1996

4. FEI Number

65-0353869

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

Yes

No

\$5.00 May Be
Added to Fees

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

Signature required for principal place of business and agent if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPTC
NAME DARON, STEVEN
STREET ADDRESS 9248 NW 14 CT
CITY- ST- ZIP CORAL SPRINGS FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE - Same
1.2 NAME
1.3 STREET ADDRESS 5201 N.W. 15th st C506
1.4 CITY- ST- ZIP Margate, Florida 33063

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

Change Addition

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Daron

1-3-97 (954) 9746001

0147163

CR2E034 (9/96)