

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 # **V71895** (9)

1. Corporation Name

BARBARA A. NITSCH-KASMAN, M.D., P.A.



Principal Place of Business

2443 N.W. 61ST DIAGONAL
BOCA RATON FL 33496

Mailing Address

2443 N.W. 61ST DIAGONAL
BOCA RATON FL 33496

3. Date Incorporated or Qualified 10/19/1992	3a. Date of Last Report 07/03/1995
4. FEI Number 65-0371806	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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21. **2504 APPALDOSA TRAIL**

22. **WELLINGTON, FLORIDA**

23. **33414** **U.S.A.**

2a. Mailing Address

26. **2504 APPALDOSA TRAIL**

27. **WELLINGTON, FLORIDA**

28. **33414** **U.S.A.**

9. Name and Address of Current Registered Agent

FRIEDMAN, ANDREW R.
5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON FL

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 former wife, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (907b Registered Agent Signature and Date) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NITSCH-KASMAN, BARBARA A	1.2 NAME	
STREET ADDRESS	2443 N.W. 61ST DIAGONAL	1.3 STREET ADDRESS	2504 APPALDOSA TRAIL
CITY, ST, ZIP	BOCA RATON FL	1.4 CITY, ST, ZIP	WELLINGTON, FLA. 33414.
TITLE	PST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NITSCH-KASMAN, BARBARA A	2.2 NAME	
STREET ADDRESS	2443 N.W. 61ST DIAGONAL	2.3 STREET ADDRESS	2504 APPALDOSA TRAIL
CITY, ST, ZIP	BOCA RATON FL	2.4 CITY, ST, ZIP	WELLINGTON, FLA. 33414.
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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: **B. A. Kasman (BARBARA NITSCH-KASMAN)** 1/24/96 (907-697-300)

CR2E034 (12/95)