


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

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90098 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V71895

1. Corporation Name
BARBARA A. NITSCH-KASMAN, M.D., P.A.

Principal Place of Business 2504 APPALOOSA TRAIL WELLINGTON FL 33414 US	Mailing Address 2504 APPALOOSA TRAIL WELLINGTON FL 33414 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. 2040 GREY MARE WAY	22. Suite, Apt. #, etc.	26. 2040 GREY MARE WAY	27. Suite, Apt. #, etc.	10/19/1992	
23. WELLINGTON FLA.		28. WELLINGTON, FLA		4. FEI Number	Applied For
24. FLA. 33414		29. 33414		65-0371806	- Not Applicable -
25. USA.		30. U.S.A.		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 the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRIEDMAN, ANDREW R. 5355 TOWN CENTER ROAD SUITE 801 BOCA RATON FL				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NITSCH-KASMAN, BARBARA A	1.2 NAME	NITSCH-KASMAN BARBARA A.
STREET ADDRESS	2504 APPALOOSA TRAIL	1.3 STREET ADDRESS	2040 GREY MARE WAY
CITY-ST-ZIP	WELLINGTON FL	1.4 CITY-ST-ZIP	WELLINGTON FLA. 33414
TITLE	PST <input type="checkbox"/> DELETE	2.1 TITLE	PST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NITSCH-KASMAN, BARBARA A	2.2 NAME	NITSCH-KASMAN BARBARA A.
STREET ADDRESS	2504 APPALOOSA TRAIL	2.3 STREET ADDRESS	2040 GREY MARE WAY
CITY-ST-ZIP	WELLINGTON 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 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, with all other like empowered.

SIGNATURE: Barbara A. Nitsch-Kasman JAN. 11, 1999. 561-793-9220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)