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Feb 24, 1999 8:00 am
Secretary of State

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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	4. FEI Number
23. WELLINGTON FLA.	24. FLA. 33414	28. WELLINGTON, FLA	29. 33414	30. U.S.A.	65-0371806
25. USA.		31. U.S.A.		Applied For	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired	
23. WELLINGTON FLA.		28. WELLINGTON, FLA		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. FLA. 33414		29. 33414		30. U.S.A.	
25. USA.		31. U.S.A.		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. 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 _____ 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	1.1 TITLE	D
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	2.1 TITLE	PST
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		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 DATE: JAN. 11, 1999. 561-793-9220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)