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**Feb 07 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 # F88955 (2)

1. Corporation Name
GAIL RUBIN KWAL, M.D., P.A.



Principal Place of Business Mailing Address
**% GAIL RUBIN KWAL
4090 NW 24 WAY
BOCA RATON FL 33431** **% GAIL RUBIN KWAL
4090 NW 24 WAY
BOCA RATON FL 33431-9423**

3. Date Incorporated or Qualified 3a. Date of Last Report
06/30/1982 **01/22/1996**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2202035	Not Applicable
22	22. City & State	27	27. City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State			<input type="checkbox"/> \$5.00 May Be Added to Fees
23	23. Zip	28	28. Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
	Country		Country			
24	24. Zip	29	29. Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country			

9. Name and Address of Current Registered Agent

**KWAL, GAIL RUBIN
4090 NW 24 WAY
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP <input type="checkbox"/> DELETE
NAME	KWAL, GAIL RUBIN MD
STREET ADDRESS	4090 NW 24 WAY
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, changed, or on an attachment with an address.

SIGNATURE: *Gail Rubin Kwal* **GAIL RUBIN KWAL**

2-1-97 561 241 2999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)