

FILE NOW! FILING FEE AFTER MAY 1 IS \$200.00
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**CORPORATION
 ANNUAL REPORT
 1995**



FLORIDA DEPARTMENT OF STATE
 Sandra H. Morham,
 Secretary of State
 DIVISION OF CORPORATIONS

**APPROVED
 AND
 FILED**

95 APR 21 AM 9:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 465167 (5)

1. Corporation Name
HIGGINS & GOMEZ, M.D.'S. P.A.

Principal Place of Business
**5319 GRAND BOULEVARD
 NEW PORT RICHEY FLORIDA 34652**

Mailing Address
**5319 GRAND BOULEVARD
 NEW PORT RICHEY FLORIDA 34652**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/01/1974** 3a. Date of Last Report **03/14/1994**

2. Principal Place of Business 2a. Mailing Address

21. Surety, Agent, etc. 26. City & State

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

4. FEI Number **59-1559073** Applied For Not Applicable

5. Certificate of Status Desired \$10.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HIGGINS, NORMAN H.
 5319 GRAND BOULEVARD
 NEW PORT RICHEY FLORIDA 34652**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
 NAME **HIGGINS, NORMAN H.**
 STREET ADDRESS **5319 GRAND BOULEVARD**
 CITY - ST - ZIP **NPR, FL 00000**

TITLE **TSD**
 NAME **GOMEZ, JOSE G.**
 STREET ADDRESS **5319 GRAND BOULEVARD**
 CITY - ST - ZIP **NPR, FL 00000**

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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TITLE
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 STREET ADDRESS
 CITY - ST - ZIP

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY - ST - ZIP

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

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

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

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

6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Norman H. Higgins, MD.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title (Typed Name)