

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

FILED  
May 19 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 # 465167 (5)  
1. Corporation Name  
HIGGINS, GOMEZ & KATZ, M.D.'S, P.A.



Principal Place of Business Mailing Address  
5319 GRAND BOULEVARD 5319 GRAND BOULEVARD  
NEW PORT RICHEY FLORIDA 34652 NEW PORT RICHEY FLORIDA 34652-4014

3. Date Incorporated or Qualified 12/01/1974  
3a. Date of Last Report 04/02/1996  
4. FEI Number 59-1559073 Applied For Not Applicable  
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
HIGGINS, NORMAN H.  
5319 GRAND BOULEVARD  
NEW PORT RICHEY FLORIDA 34652

10. Name and Address of New Registered Agent  
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] DATE: 4/1/97  
Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                 |                       |                                 |
|-----------------|-----------------------|---------------------------------|
| TITLE           | PD                    | <input type="checkbox"/> DELETE |
| NAME            | HIGGINS, NORMAN H.    |                                 |
| STREET ADDRESS  | 5319 GRAND BOULEVARD  |                                 |
| CITY - ST - ZIP | NPR, FL 00000         |                                 |
| TITLE           | V                     | <input type="checkbox"/> DELETE |
| NAME            | GOMEZ, JOSE G.        |                                 |
| STREET ADDRESS  | 5319 GRAND BOULEVARD  |                                 |
| CITY - ST - ZIP | NPR, FL 00000         |                                 |
| TITLE           | TS                    | <input type="checkbox"/> DELETE |
| NAME            | KATZ, RICHARD J. KATZ |                                 |
| STREET ADDRESS  | 5319 GRAND BLVD       |                                 |
| CITY - ST - ZIP | NPR FL                |                                 |
| 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 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 4/1/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)