

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandha B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **597415** (9)

1. Corporation Name
JOHN E. STIMLER, D.O., P.A.



Principal Place of Business: **2279 SEMINOLE BEACH ROAD APT. 5 ATLANTIC BEACH FL 32233 US**
Mailing Address: **2279 SEMINOLE BEACH ROAD APT. 5 ATLANTIC BEACH FL 32233 US**

3. Date Incorporated or Qualified: **01/01/1979** 3a. Date of Last Report: **02/01/1995**
4. FEI Number: **59-1871046** 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: 21 State, Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**ASBURY, LLOYD T.
214 N. CLAY ST #100
~~301 WEST BAY STREET~~
JACKSONVILLE FL 32202-1435**

10. Name and Address of New Registered Agent
81 Name: **ASBURY, LLOYD**
82 Street Address (P.O. Box Number is Not Acceptable): **214 N. CLAY ST #100**
83
84 City: **JACKSONVILLE** FL 85 Zip Code: **32202**

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: _____

12. OFFICERS AND DIRECTORS

1. NAME	PD	<input type="checkbox"/> DELETE
2. STREET ADDRESS	STIMLER, JOHN E	
3. CITY - ST - ZIP	2279 SEMINOLE BEACH RD. #5	
4. TITLE	ATLANTIC BEACH FL	
5. NAME		<input type="checkbox"/> DELETE
6. STREET ADDRESS		
7. CITY - ST - ZIP		
8. TITLE		<input type="checkbox"/> DELETE
9. NAME		
10. STREET ADDRESS		
11. CITY - ST - ZIP		
12. TITLE		<input type="checkbox"/> DELETE
13. NAME		
14. STREET ADDRESS		
15. CITY - ST - ZIP		
16. TITLE		<input type="checkbox"/> DELETE
17. NAME		
18. STREET ADDRESS		
19. CITY - ST - ZIP		
20. TITLE		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 1.2 NAME	
3. 1.3 STREET ADDRESS	
4. 1.4 CITY - ST - ZIP	
5. 2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 2.2 NAME	
7. 2.3 STREET ADDRESS	
8. 2.4 CITY - ST - ZIP	
9. 3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. 3.2 NAME	
11. 3.3 STREET ADDRESS	
12. 3.4 CITY - ST - ZIP	
13. 4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. 4.2 NAME	
15. 4.3 STREET ADDRESS	
16. 4.4 CITY - ST - ZIP	
17. 5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. 5.2 NAME	
19. 5.3 STREET ADDRESS	
20. 5.4 CITY - ST - ZIP	
21. 6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. 6.2 NAME	
23. 6.3 STREET ADDRESS	
24. 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 119.07(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: *John Stimler* JOHN STIMLER P.O. 1/16/95 (904)241-5216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time/Phone #

CR2E034 (12/95)