

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

Apr 15 1997 8:00am
Secretary of State

DOCUMENT # 600098 (8)

1. Corporation Name

DRICKA, HYLAND, AND POLLOCK, M.D., P.A.

Principal Place of Business
1717 N. 'E' ST STE 227W
PENSACOLA FL 32501

Mailing Address
1717 N. 'E' ST STE 227W
PENSACOLA FL 32501-6339

3. Date Incorporated or Qualified 01/03/1962		3a. Date of Last Report 04/26/1996	
4. FEI Number 59-0954831		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

26 Suite, Apt. #, etc

City & State

27 _____
City & State

23] Zw

28 Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HYLAND, CARYL H.
1717 N E STREET
SUITE 227
PENSACOLA FL 32501

81	Name
----	------

62 Street Address (P.O. Box Number is Not Acceptable)

B3

84	City
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FL

A5	Zip Code
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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

Type in type of printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DP	<input type="checkbox"/> DELETE
NAME	DRUCKA, ALBERT
STREET ADDRESS	1717 N. "E" ST STE 227
CITY, ST, ZIP	PENSACOLA, FL 0
TITLE	VTS <input type="checkbox"/> DELETE
NAME	HYLAND, CARYL H.
STREET ADDRESS	1717 N. "E" ST STE 227
CITY, ST, ZIP	PENSACOLA FL
TITLE	T <input type="checkbox"/> DELETE
NAME	POLLOCK, W. JAMES
STREET ADDRESS	1717 N "E" STE 227
CITY, ST, ZIP	PENSACOLA 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	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice. Pres / Treas 4/8/9;

Daytime Phone: *

CB2F034 (9/96)