

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 29, 1996 08:00 AM
Secretary of State

DOCUMENT # **600747 (0)**
1. Corporation Name
GOLD, VANN & WHITE, P.A.



Principal Place of Business: **2300-5TH AVENUE VERO BCH FL 32960**
Mailing Address: **2300-5TH AVENUE VERO BCH FL 32960**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1968	3a. Date of Last Report 05/01/1995
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc.	4. FEI Number 59-1234929	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MERRILL, L. KENT, M.D. 2300 FIFTH AVE VERO BCH FL 32960				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	D
NAME	HILL, JOSEPH A.	1.2 NAME	Lum, Katharine
STREET ADDRESS	2300-5TH AVE	1.3 STREET ADDRESS	2300 5th Avenue
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	Vero Beach, FL
TITLE	PM	2.1 TITLE	
NAME	MERRILL, L KENT	2.2 NAME	
STREET ADDRESS	2300 FIFTH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	ZIMMER, MICHAEL B.	3.2 NAME	
STREET ADDRESS	2300 FIFTH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	GRAHAM, PAUL ABRAM	4.2 NAME	
STREET ADDRESS	2300 5TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	VD
NAME	GEIGER, RALPH, B	5.2 NAME	
STREET ADDRESS	2300 FIFTH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	
NAME	GLASER, ARTHUR	6.2 NAME	
STREET ADDRESS	2300 FIFTH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	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)(h), 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: *Michael Zimmer MD* DATE: **5/22/96** PHONE: **407-567-7111**

CR2E034 (12/95)