

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
FILED

DOCUMENT # **602236**

(2)

02/25/1994 11:04:45

1. Corporation Name
MARSHALL H. JONES, M.D., P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1956 BAYSHORE BLVD.
DUNEDIN FL 34698**

Mailing Address
**1956 BAYSHORE BLVD.
DUNEDIN FL 34698**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **07/06/1970** 3a. Date of Last Report **02/25/1994**

2. Principal Place of Incorporation
21

2a. Mailing Address
26

4. FEI Number **59-1298366**
Applied For
Not Applicable

State Apt # etc
22

State Apt # etc
27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23

City & State
28

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

Zip
24

Country
25

Zip
29

Country
30

8. 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

**JONES, MARSHALL H.
1956 BAYSHORE BOULEVARD
DUNEDIN FL 34698**

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 of registered agent or other person authorized to sign)

(Signature of Registered Agent or other registered agent, if available)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	JONES, MARSHALL H.
STREET ADDRESS	711 PENNSYLVANIA AVE
CITY, ST, ZIP	PALM HARBOR FL
TITLE	TS
NAME	JONES, MARSHALL H.
STREET ADDRESS	711 PENNSYLVANIA AVE
CITY, ST, ZIP	PALM HARBOR FL
TITLE	D
NAME	HEATH, JAMES R.
STREET ADDRESS	212-104 AVENUE
CITY, ST, ZIP	TREASURE ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
18 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	
22 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct and that my signature shall have the same legal effect as if made under oath. That I am available or a close friend of the corporation or the member or director empowered to make the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this filing. I am attaching herewith an affidavit.

SIGNATURE: *Marshall Jones MD* MARSHALL JONES MD 5/1/95 813-933-9377
(Signature of Registered Agent or other registered agent, if available)