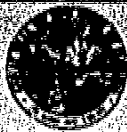


**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 603427 (6)

95 JAN 18 PM 4:03

1. Corporation Name
JOHN A. KREAGER JR. M.D., P.A.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**680 2ND AVENUE NO
NAPLES FL 33940**

Mailing Address
**680 2ND AVENUE NO
NAPLES FL 33940**

3. Date Incorporated or Qualified
03/10/1972

3a. Date of Last Report
01/25/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1398719

Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State

28 City & State

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

24 Zip

25 Country

29 Zip

30 Country

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

**KREAGER JR, JOHN A
680 2ND AVE NO
NAPLES FL 33940**

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 typed or printed name of registered agent and the corporation)

(Print Name, Registered Agent (signature required when necessary))

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **KREAGER JR, JOHN A**
STREET ADDRESS **680 2ND AVE NO**
CITY ST ZIP **NAPLES FL**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE **DS**
NAME **KREAGER, DIANE K.**
STREET ADDRESS **4000 GULF SHORE BLV 2500**
CITY ST ZIP **NAPLES FL**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE **D**
NAME **ELKINS, JAMES**
STREET ADDRESS **1000 NO TAMiami TRAIL**
CITY ST ZIP **NAPLES FL**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I 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)(b), 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 and I am an officer or director of the corporation or a receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report, or if changed, in an attachment with an address.

SIGNATURE: *John A. Kreager Jr.* **JOHN A. KREAGER JR.**

1/11/95

813 262 1533