

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

CORPORATION ANNUAL REPORT 1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:38

DOCUMENT # 603996 (0)

1. Corporation Name  
**ALBERT G. ECKIAN, M.D., INC.**

Principal Place of Business: PINES EXECUTIVE CENTER, 2950 ALOMA AVE STE 302, WINTER PARK FL 32792  
Mailing Address: PINES EXECUTIVE CENTER, 2950 ALOMA AVE STE 302, WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1972  
3a. Date of Last Report: 01/31/1994  
4. FEI Number: 59-1430905  
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 § 190.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, Suite, Apt. #, etc.  
2a. Mailing Address: 26, Suite, Apt. #, etc.  
23. City & State  
24. Zip, Country  
25. Country

9. Name and Address of Current Registered Agent: ECKIAN, ALBERT G, 242 LINCOLNSHIRE ROAD, WINTER PARK FL 32792  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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 filer) (Check) (Registered Agent Signature Required when not filer)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PT	NAME: ECKIAN, ALBERT G	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 242 LINCOLNSHIRE RD	CITY- ST- ZIP: WINTER PARK, FL 00000	1.3 STREET ADDRESS:	1.4 CITY- ST- ZIP:
TITLE:	NAME:	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY- ST- ZIP:	2.3 STREET ADDRESS:	2.4 CITY- ST- ZIP:
TITLE:	NAME:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY- ST- ZIP:	3.3 STREET ADDRESS:	3.4 CITY- ST- ZIP:
TITLE:	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY- ST- ZIP:	4.3 STREET ADDRESS:	4.4 CITY- ST- ZIP:
TITLE:	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY- ST- ZIP:	5.3 STREET ADDRESS:	5.4 CITY- ST- ZIP:
TITLE:	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY- ST- ZIP:	6.3 STREET ADDRESS:	6.4 CITY- ST- ZIP:

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 190.031(4)(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, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 17 of Block 13 if changed, or in an attachment with an address.

SIGNATURE:  Albert G. Eckian 1/16/95 407-671-3758  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR