

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **678703** (0)

1. Corporation Name

**MACDONALD, ESCHLEMAN, NEALE, HEAGNEY & FABIAN, M.D.'S, P.A.**



Principal Place of Business

2525 HARBOR BLVD., SUITE 207  
P O BOX 2543  
PORT CHARLOTTE FL 33949

Mailing Address

2525 HARBOR BLVD., SUITE 207  
P O BOX 2543  
PORT CHARLOTTE FL 33949

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified  
**07/01/1980**

3a. Date of Last Report  
**04/18/1995**

4. FEI Number  
**59-2011712**

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 s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MACDONALD, BRUCE D., M.D.  
2525 HARBOR BLVD.  
SUITE 307  
PORT CHARLOTTE FL 33952**

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 state if applicable

(NOTE: Registered Agent Signature required when re-appointing)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MACDONALD, BRUCE D.	
STREET ADDRESS	36261 WASHINGTON LOOP RD	
CITY- ST- ZIP	PUNTA GORDA FL	
TITLE	<del>Secy</del> Sect./treas	<input type="checkbox"/> DELETE
NAME	ESCHLEMAN, A. ROBERT	
STREET ADDRESS	1055 YORKSHIRE ST	
CITY- ST- ZIP	PT CHARLOTTE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Heagney Michael C	
STREET ADDRESS	4550 Grassy Pt. Blvd.	
CITY- ST- ZIP	Port Charlotte FL.33952	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Thomas M Fabian	
STREET ADDRESS	4520 Grassy Pt Blvd.	
CITY- ST- ZIP	Port Charlotte Fl., 33952	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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:

*Bruce D. Macdonald*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 941-625-6575  
DATE DATE OF PHONE #

CR2E034 (12/95)