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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **769127** (2)
1. Corporation Name
NORTHSIDE MEDICAL PARK, INC.

Principal Place of Business Mailing Address
740 WEST PLYMOUTH AVENUE DELAND FL 32720-0292

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/27/1983	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2509440	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.022, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent
**GRIFFIN, TAYLOR W., JR.
740 WEST PLYMOUTH AVENUE
DELAND FL 32720**

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature: Typed or printed name of registered agent and title of officer or director. NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRIFFIN, TAYLOR W
STREET ADDRESS	711 E PENNSYLVANIA AVE
CITY ST ZIP	DELAND, FL 00000
TITLE	V
NAME	ASHWOOD, EDWARD
STREET ADDRESS	1025-A NORTH STONE ST.
CITY ST ZIP	DELAND FL
TITLE	ST
NAME	WADSWORTH, LYLE E.
STREET ADDRESS	321 WASHINGTON OAK LANE
CITY ST ZIP	DELAND FL
TITLE	D
NAME	HUSTER, RICHARD H.
STREET ADDRESS	847 N. GARFIELD AVE.
CITY ST ZIP	DELAND FL
TITLE	D
NAME	HIATT, ROBERT A.
STREET ADDRESS	811 OAK TREE TERRACE
CITY ST ZIP	DELAND FL
TITLE	D
NAME	GRIFFIN, TAYLOR W., JR.
STREET ADDRESS	711 E. PENNSYLVANIA AVE.
CITY ST ZIP	DELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Taylor W. Griffin, Jr., MD** *Taylor W. Griffin* 5/1/95 AD 734 912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)