

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F12971 (0)**

1. Corporation Name
KEVIN T. MCGANN, M.D., P.A.



Principal Place of Business: **1800 BARRS STREET JACKSONVILLE FL 32204**
Mailing Address: **1800 BARRS STREET JACKSONVILLE FL 32204**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1980	3a. Date of Last Report 02/07/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2054561		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCGANN, KEVIN T. 1800 BARRS STREET JACKSONVILLE FL 32204				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83.				84. City			
				85. State FL		86. 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 type for printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGANN, KEVIN T.	1.2 NAME	MCGANN, Kevin T.
STREET ADDRESS	208 PABLO CT	1.3 STREET ADDRESS	1183 Logan Sta. Rd.
CITY-STATE-ZIP	PONTE VEDRA BEACH FL	1.4 CITY-STATE-ZIP	Louisville, Ky 40065
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGANN, KATHERINE F.	2.2 NAME	MCGANN Katherine F.
STREET ADDRESS	208 PABLO CT	2.3 STREET ADDRESS	1183 Logan Sta Rd.
CITY-STATE-ZIP	PONTE VEDRA BEACH FL	2.4 CITY-STATE-ZIP	Louisville, Ky 40065
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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: *Kevin T. Mcgann* **2/29/96** (502) 834-0667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)