

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

CORPORATION
ANNUAL REPORT



1995

FLORIDA DEPARTMENT OF STATE
REGISTRATION AND LICENSING
DIVISION OF CORPORATION
AND BUSINESS SERVICES

APPROVED
AND
FILED

03 MAY - 1 PM 9:15

DOCUMENT # **F28683**

(3)

G. RAGAN, M.D., P.A.

SUPERIOR ST STATE
SARASOTA, FLORIDA

1818 HAWTHORNE ST SARASOTA FL 34239	1818 HAWTHORNE ST. SARASOTA FL 34239
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2. Name and Address of Corporation 1830 S. Dingle Ave.	28. Name of Agent 1830 S. Dingle Ave.	3. Date Incorporated or Organized 04/07/1981	38. Date of Last Report 04/11/1994
21. State of Incorporation Florida	26. State of Agent's Residence Florida	4. EIN Number 59-2094358	5. Applied For <input checked="" type="checkbox"/> Not Applicable
22. Suite 101 _p	27. Suite 101 _p	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	7. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
23. Sarasota, FL	29. Sarasota, FL	8. Florida Statute(s) Under Which Corporation Organized Florida Statutes <input checked="" type="checkbox"/> No	
24. 34239	25. USA	29. 34239	30. USA

9. Name and Address of Current Registered Agent RATH, DORI A % AMERICAN ACCOUNTING SVC. INC. 337 6TH Avenue West BIRMINGHAM, AL 34233	10. Name and Address of New Registered Agent
B1. Name RATH, DORI A	B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable) 337 6TH Avenue West	B2. Street Address (P.O. Box Number is Not Acceptable)
B3.	B3.
B4. City FL	B5. Zip Code

11. Pursuant to the requirements of Sections 107.05 and 107.100F, 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. The 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 set forth in Article 10, Chapter 104, Florida Statutes.

12. Name DP RAGAN, G 6577 SUPERIOR AVE SARASOTA, FL 00000	13. Additional Certified (S) or Unsigned (U) Copy <input checked="" type="checkbox"/> Unsigned <input type="checkbox"/> Additional
NAME RAGAN, G	NAME
ADDRESS 6577 SUPERIOR AVE SARASOTA, FL 00000	ADDRESS
ZIP CODE 00000	ZIP CODE
NAME RAGAN, G	NAME
ADDRESS 6577 SUPERIOR AVE SARASOTA, FL 00000	ADDRESS
ZIP CODE 00000	ZIP CODE
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NAME RAGAN, G	NAME
ADDRESS 6577 SUPERIOR AVE SARASOTA, FL 00000	ADDRESS
ZIP CODE 00000	ZIP CODE
NAME RAGAN, G	NAME
ADDRESS 6577 SUPERIOR AVE SARASOTA, FL 00000	ADDRESS
ZIP CODE 00000	ZIP CODE

14. I declare under penalty of perjury that the information supplied with this filing is complete, true, accurate, and has not been filed, for the corporation's business transaction, that the information is accurate and factual. That no amount of supplemental material, report, form and/or certificate and that my signature shall have the same legal effect if made and/or affixed to this document or any other document or instrument, or any attachment thereto, or any document or instrument with which it is associated.

SIGNATURE:

G. Ragan, M.D.

5/2/95

034715

CP