

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 14 AM 8:19

DOCUMENT # F65101 (0)
1. Corporation Name
D. SCOTT GETTINGS, M.D., P.A.

Principal Place of Business Mailing Address
**991 THOMAS BARBOUR DR.
MELBOURNE FL 32905** **991 THOMAS BARBOUR DR.
MELBOURNE FL 32905**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 State, Apt. #, etc.		2a. State, Apt. #, etc.		02/01/1982	06/14/1994
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-2151785	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	<input type="checkbox"/>
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MITCHELL, BRUCE A. 1825 S. RIVERVIEW DR. MELBOURNE FL 32901				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	2. NAME	
CITY-STATE-ZIP	CITY-STATE-ZIP	3. STREET ADDRESS	
		4. CITY-STATE-ZIP	32935
		5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6. NAME	
		7. STREET ADDRESS	
		8. CITY-STATE-ZIP	32935
		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		10. NAME	
		11. STREET ADDRESS	
		12. CITY-STATE-ZIP	
		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		14. NAME	
		15. STREET ADDRESS	
		16. CITY-STATE-ZIP	
		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		18. NAME	
		19. STREET ADDRESS	
		20. CITY-STATE-ZIP	

14. I, the undersigned, certify that the information requested with respect to the above-named corporation and does not comply for the exemptions stated in Sections 110.07(3)(b), Florida Statutes. I further certify that the information submitted on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I shall continue to file or cause to be filed the corporation's annual report as required by Chapter 607, Florida Statutes, and that my name appears in block 12 or block 13 of this report as the registered agent or an officer.

SIGNATURE: *D. Scott Gettings, MD* **3/10/95 (401) 255-7577**
BLOCK 12 AND 13 (IF APPLICABLE) NAME OF SIGNING OFFICER OR DIRECTOR