

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F68582** (8)

1. Corporation Name  
**HANK H. GOSCH, M.D., P.A.**



Principal Place of Business: **% HANK H. GOSCH, M.D. 1011 JEFFORDS STREET CLEARWATER FL 34616**  
Mailing Address: **% HANK H. GOSCH, M.D. 1011 JEFFORDS STREET CLEARWATER FL 34616**

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified <b>03/01/1982</b>	3a. Date of Last Report <b>04/04/1995</b>
4. FLE Number <b>59-2165516</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing (Trust Fund Contribution) <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability or 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 <b>GOSCH, HANK H., M.D. 1011 JEFFORDS STREET CLEARWATER FL 34616</b>	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. Zip Code <b>FL 85</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOSCH, HANK H.	1.2 NAME	
STREET ADDRESS	1011 JEFFORDS STREET	1.3 STREET ADDRESS	
CITY-STATE-ZIP	CLEARWATER FL	1.4 CITY-STATE-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOSCH, NICOLE M.	2.2 NAME	
STREET ADDRESS	1011 JEFFORDS STREET	2.3 STREET ADDRESS	
CITY-STATE-ZIP	CLEARWATER FL	2.4 CITY-STATE-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUARDT, EMIL C.	3.2 NAME	
STREET ADDRESS	1 N. OSCEOLA AVE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	CLEARWATER FL	3.4 CITY-STATE-ZIP	
TITLE		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		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		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 in this filing is voluntary, 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 appointment of agent 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 registered agent authorized to execute the registration required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change of name or address.

SIGNATURE: *[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-96 (813) 581-0416

CR2E034 (12/95)