

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

**APPROVED
AND
FILED**

95 FEB 27 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # H39823 (0)

1. Corporation Name
GALCERAN, CARNEY AND MEYER, M.D., P.A.

Principal Place of Business
**7051 DEPHILLIPS BLVD., SUITE 1
ORLANDO FL 32819-8144**

Mailing Address
**7051 DEPHILLIPS BLVD., SUITE 1
ORLANDO FL 32819-8144**

2. Principal Place of Business
21. City & State
22. Zip
23. Country

2a. Mailing Address
26. City & State
27. Zip
28. Country

3. Date Incorporated or Qualified: **02/01/1985**

3a. Date of Last Report: **10/20/1994**

4. FEI Number: **59-2484966**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent
81. Name: **M. J. GALCERAN, M.D.**
82. Street Address (P.O. Box Number is not Acceptable): **7051 DR. DEPHILLIPS BLVD**
83. **SUITE 1**
84. City: **ORLANDO** FL 85. Zip Code: **32819**

11. Pursuant to the provisions of Sections 607.0602 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: *[Signature]* DATE: **1/9/95**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GALCERAN, MANUEL J.
STREET ADDRESS	7750 WALLACE RD #11 7051 DR. PHILLIPS BLVD
CITY - ST - ZIP	ORLANDO FL 32819
TITLE	S
NAME	CARNEY, ANNE M.
STREET ADDRESS	7750 WALLACE RD, STE 11 7051 DR. PHILLIPS #1
CITY - ST - ZIP	ORLANDO FL 32819
TITLE	S
NAME	MEYER, ROBERT M
STREET ADDRESS	7051 DR. PHILLIPS BLVD, STE #1
CITY - ST - ZIP	ORLANDO, FL 32819

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(6)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or an address change.

SIGNATURE: *[Signature]* DATE: **1/9/95** **4073450005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M. J. GALCERAN