

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # H39823 (0)

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7051 DR PHILLIPS BLVD. SUITE 1 ORLANDO FL 32819-8144 US	Mailing Address 7051 DR PHILLIPS BLVD., SUITE 1 ORLANDO FL 32819-8144 US
---	--

3. Date incorporated or Qualified 02/01/1985	
4. FEI Number 59-2484966	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

**GALCERAN, M. J
 7051 DR PHILLIPS BLVD
 SUITE 1
 ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 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, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P GALCERAN, MANUEL J. President <input type="checkbox"/> DELETE	1.1 TITLE	Aparna Hernandez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALCERAN, MANUEL J.	1.2 NAME	7051 Dr. Phillips Blvd, Suite 1
STREET ADDRESS	7051 DR PHILLIPS BLVD	1.3 STREET ADDRESS	Orlando FL 32819
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Secretary
TITLE	Vice President <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, ROBERT M	2.2 NAME	Meyer, Robert M
STREET ADDRESS	7051 DR PHILLIPS BLVD., STE. #1	2.3 STREET ADDRESS	7051 Dr. Phillips Blvd, Suite 1
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando FL 32819
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Bowland, Robert W
STREET ADDRESS		3.3 STREET ADDRESS	7051 Dr. Phillips Blvd Suite 1
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando FL 32819
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-ST-ZIP		4.4 CITY-ST-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-ST-ZIP		5.4 CITY-ST-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-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **MANUEL J. GALCERAN** 1/30/98 407745005

CR2E034 (10/97)