

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **H69553** (6)

1. Corporation Name  
**JOHN B. SULLIVAN, M.D., P.A.**



Principal Place of Business Mailing Address  
**C/O JOHN B. SULLIVAN 2215 NEBRASKA AVE. STE. 3A FORT PIERCE FL 34950-4888**  
**C/O JOHN B. SULLIVAN 2215 NEBRASKA AVE. STE. 3A FORT PIERCE FL 34950-4888**

3. Date Incorporated or Qualified: **08/05/1985**  
 3a. Date of Last Report: **06/28/1995**  
 4. FEI Number: **59-2562857**  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  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 Zip Country 29 Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
**SULLIVAN, JOHN B. MD  
 2215 NEBRASKA AVENUE, SUITE 3B  
 SUITE # 3A  
 FORT PIERCE FL 34950**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 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: \_\_\_\_\_ (PRINT) Registered Agent's signature required when re-registering. \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P. D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JOHN B.	1.2 NAME	SULLIVAN, JOHN B.
STREET ADDRESS	2215 NEBRASKA AVE. #3B <i>mistake</i>	1.3 STREET ADDRESS	2215 NEBRASKA, # 3A
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	FT. PIERCE, FL
TITLE	ST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JOHN B.	2.2 NAME	SULLIVAN, JOHN B.
STREET ADDRESS	2215 NEBRASKA AVE. #3B <i>mistake</i>	2.3 STREET ADDRESS	2215 NEBRASKA AVE. # 3A
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	FT. PIERCE, FL.
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 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(3)(k) 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John B Sullivan MD 6-19-96 407-231-4886  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (3/96)