

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **H80326**

(2)

95 MAY -1 AM 4:40

1. Corporation Name

GNAGE & HAMILTON, M.D.'S, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4600 4TH ST. N. ST. PETERSBURG FL 33703	4600 4TH ST. N. ST. PETERSBURG FL 33703

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	26	10/10/1985	05/01/1994
State, Apt. #, etc.	State, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2681990	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
City	County	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30
City	County	City	County

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GNAGE, LAWRENCE M., M.D. 4600 4TH ST. N. ST. PETERSBURG FL 33703		B1	Name
		B2	Street Address (P.O. Box Number is Not Acceptable)
		B3	
		B4	City
		FL	B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0502, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
OFFICER	SD GNAGE, LAWRENCE M. 2092 ILLINOIS AVENUE NE ST. PETERSBURG FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP		3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	PD HAMILTON, ROBERT G. 2063 ILLINOIS AVENUE NE ST. PETERSBURG FL	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	VD BOLHOFNER, BRETT 1771 TANGLEWOOD DR NE ST PETERSBURG FL	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		8. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	TD BRAMLET, DALE 2044 BRIGHTWATERS BLVD NE ST PETERSBURG FL	10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP		12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	D CLINTON, DAVIS B 1353 SNELL HARBOR DR NE ST PETERSBURG FL	13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP		15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		16. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP		18. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 310.07(3)(b), Florida Statutes. I further certify that the information is also the accurate and complete information as required by law and available and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation at the time of the filing of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment to this report.

SIGNATURE: 
 SIGNATURE AND TYPE IN PRINT OF SIGNING OFFICER OR DIRECTOR
Brett Bolhofner, MD
 4-28-95 813-527-5272