

**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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H80326 (2)

1. Corporation Name
GNAGE & HAMILTON, M.D.'S, P.A.



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

3. Date Incorporated or Qualified 10/10/1985
3a. Date of Last Report 05/01/1995

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

4. FEI Number 59-2681990 Applied For Not Applicable
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

9. Name and Address of Current Registered Agent
GNAGE, LAWRENCE M., M.D.
4600 4TH ST. N.
ST. PETERSBURG FL 33703

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD GNAGE, LAWRENCE M. <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GNAGE, LAWRENCE M.	1.2 NAME
STREET ADDRESS	2092 ILLINOIS AVENUE NE	1.3 STREET ADDRESS
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP
TITLE	PD HAMILTON, ROBERT G. <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, ROBERT G.	2.2 NAME
STREET ADDRESS	2063 ILLINOIS AVENUE NE	2.3 STREET ADDRESS
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP
TITLE	VD BOLHOFNER, BRETT <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLHOFNER, BRETT	3.2 NAME
STREET ADDRESS	1771 TANGLEWOOD DR NE	3.3 STREET ADDRESS
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP
TITLE	TD BRAMLET, DALE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMLET, DALE	4.2 NAME
STREET ADDRESS	2044 BRIGHTWATERS BLVD NE	4.3 STREET ADDRESS
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP
TITLE	D CLINTON, DAVIS B <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLINTON, DAVIS B	5.2 NAME
STREET ADDRESS	1353 SNELL HARBOR DR NE	5.3 STREET ADDRESS
CITY-ST-ZIP	ST PETERSBURG FL	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, as an attachment with an address.

SIGNATURE: *Sean O'Neal* Sean O'NEAL 6/3/96 8135275272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name #)

CR2E034 (3/96)