

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H80326 (2)

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



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

3. Date Incorporated or Qualified: **10/10/1985**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2681990**
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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
85. Zip Code: **FL**

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: _____

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	GNAGE, LAWRENCE M.
STREET ADDRESS	2092 ILLINOIS AVENUE NE
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	HAMILTON, ROBERT G.
STREET ADDRESS	2063 ILLINOIS AVENUE NE
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	BOLHOFNER, BRETT
STREET ADDRESS	1771 TANGLEWOOD DR NE
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	BRAMLET, DALE
STREET ADDRESS	2044 BRIGHTWATERS BLVD NE
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CLINTON, DAVIS B
STREET ADDRESS	1353 SNELL HARBOR DR NE
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	700001889637
3.4 CITY-ST-ZIP	-07/10/96--01042--016
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	***25.00
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	900001889639
5.4 CITY-ST-ZIP	-07/10/96--01042--017
5.5 STREET ADDRESS	***200.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone: _____

CR2E034 (12/95)