

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H87694** (6)

1. Corporation Name
DAVID S. BALLESTAS M.D., P.A.



Principal Place of Business: **2525 HARBOR BLVD. STE 102 PORT CHARLOTTE FL 33952 US**
Mailing Address: **2525 HARBOR BLVD. STE 102 PORT CHARLOTTE FL 33952 US**

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

3. Date incorporated or qualified: **12/03/1985**
3a. Date of Last Report: **02/28/1995**
4. FLE Number: **59-2627966**
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. 193.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**BALLESTAS, DAVID S.
2525 HARBOR BLVD, STE 102
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83 City; 84 City; 85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1505, Florida Statutes, the above named corporation hereby declares 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 I accept the obligation of Section 607.0105, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS: DP BALLESTAS, DAVID S. 2525 HARBOR BLVD, STE 102 PORT CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 1-11 NAME, STREET ADDRESS, CITY, STATE, ZIP

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***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption on 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 change or trustee on process to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12, Block 13 if changed, or on Block 14 with an address.

SIGNATURE: *David S. Ballestas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

CR2E034 (12/95)