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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K25651 (6)
1. Corporation Name
DR. M. RUSSELL AND ASSOCIATES, P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**4732 WHITE TALL LN
SARASOTA FL 34238
US** **4732 WHITE TALL LN
SARASOTA FL 34238
US**

3. Date Incorporated or Qualified 3a. Date of Last Report
06/08/1988 **06/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 WHITE TALL LN **26**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number Applied For
65-0056027 Not Applicable

22 27
City & State City & State

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 28
Zip Country Zip Country

6. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution

24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**RUSSELL, MICHAEL L.
3874 EASTON ST.
SARASOTA FL 34238**

10. Name and Address of New Registered Agent
81 Name RUSSELL, MICHAEL L.
82 Street Address (P.O. Box Number is Not Acceptable)
83 4732 WHITE TALL LN
84 City SARASOTA FL **85 Zip Code 34238**

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 **4-10-95**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, MICHAEL	1.2 NAME	
STREET ADDRESS	4732 WHITE TALL LN	1.3 STREET ADDRESS	WHITE TALL LN
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		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		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		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		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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DATE **4/10/95** **518-911-4416**