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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 # **K89650** (1)  
1. Corporation Name  
**1027 EAST OCEAN CORP.**

Principal Place of Business Mailing Address  
**% JEFFREY A. MICHELSON, M.D.**  
**1027 EAST OCEAN BLVD.**  
**STUART FL 34996**

2. Principal Place of Business 2a. Mailing Address  
**21** **26**

22. State Apt. # 27. State Apt. #

23. City & State 28. City & State

24. Zip 25. Zip 29. Zip 30. Zip

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/19/1989** 3a. Date of Last Report **04/12/1994**

4. FEI Number **65-0125337** 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 estimated tax under the Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MICHELSON, JEFFREY A**  
**1027 E OCEAN BLVD**  
**STUART 34996**

*Jeffrey A. Michelson*

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 607.0102 and 607.0104, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for the year 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 provisions of Sections 607.0102 and 607.0104, Florida Statutes.

SIGNATURE: *Jeffrey A. Michelson* 4/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
1. NAME	P MICHELSON, JEFFREY A. 1027 EAST OCEAN BLVD. STUART FL 34996	1. TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	S MICHELSON, MELINDA B. 1027 EAST OCEAN BLVD. STUART FL 34996	2. NAME	Evan M. Collins, M.D. 1027 East Ocean Blvd. Stuart, Fl 34996 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	
5. NAME		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	
7. NAME		7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME		8. NAME	
9. NAME		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. NAME		11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		12. NAME	
13. NAME		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. NAME		15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME		16. NAME	
17. NAME		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. NAME		19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		20. NAME	

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 607.0102, Florida Statutes. I further certify that the information included 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 prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in the back cover block of this report, or as an attachment with an address.

SIGNATURE: *Jeffrey A. Michelson* 4/11/95 407-288-0298

SIGNATURE OF OFFICER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Jeffrey A. Michelson, M.D., President**