

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

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AND  
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**95 MAR -3 AM 8:15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P33357 (5)**

**1. Corporation Name  
MARSHALL H. ODOM, M.D., INCORPORATED**

**Principal Place of Business Mailing Address  
5618 GLENWAY AVE. 5618 GLENWAY AVE.  
CINCINNATI OH 45238 CINCINNATI OH 45238**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 03/26/1991 3a. Date of Last Report 02/23/1994**

**4. FEI Number 31-0983938 Applied For Not Applicable**

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

**6. Election Campaign Financing \$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 2a. Mailing Address**  
**21** Suite, Apt. #, etc. **26** Suite, Apt. #, etc.  
**22** City & State **27** City & State  
**23** Zip **28** Country **29** Zip **30** Country

**9. Name and Address of Current Registered Agent**

**ODOM, MARSHALL H., M.D.  
509 MARGARET ST.  
KEY WEST FL 33040**

**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 reinstating) DATE

**12. OFFICERS AND DIRECTORS**

**TITLE** **PTD**  
**NAME** **ODOM, MARSHALL H., M.D.**  
**STREET ADDRESS** **509 MARGARET ST.**  
**CITY- ST- ZIP** **KEY WEST FL**

**TITLE** **VS**  
**NAME** **BENZINGER, CECILIA C.**  
**STREET ADDRESS** **5618 GLENWAY AVE.**  
**CITY- ST- ZIP** **CINCINNATI OH**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**1.1 TITLE**  Change  Addition  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY- ST- ZIP**

**2.1 TITLE**  Change  Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY- ST- ZIP**

**3.1 TITLE**  Change  Addition  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY- ST- ZIP**

**4.1 TITLE**  Change  Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY- ST- ZIP**

**5.1 TITLE**  Change  Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY- ST- ZIP**

**6.1 TITLE**  Change  Addition  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY- ST- ZIP**

**14. I, the undersigned, 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: Cecilia C. Benzinger Cecilia C. Benzinger 3/1/95 513-451-2540**