

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 # **P33357 (5)**

1. Corporation Name

MARSHALL H. ODOM, M.D., INCORPORATED



Principal Place of Business

5618 GLENWAY AVE.
CINCINNATI OH 45238

Mailing Address

5618 GLENWAY AVE.
CINCINNATI OH 45238

3. Date Incorporated or Qualified 03/26/1991	3a. Date of Last Report 03/03/1995
4. FEI Number 31-0983938	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. Country

28. 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)	58 Key Haven Road
83.	
84. City	Key West
FL 85. Zip Code	33040

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 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 of the Registered Agent (Print Name and Title)

Signature of the Agent (Print Name and Title)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1. TITLE	PTD	<input type="checkbox"/> DELETE	13.1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.2. NAME	ODOM, MARSHALL H., M.D.		13.2. NAME	
12.3. STREET ADDRESS	509 MARGARET ST.		13.3. STREET ADDRESS	58 Key Haven Road
12.4. CITY - STATE - ZIP	KEY WEST FL		13.4. CITY - STATE - ZIP	
12.5. TITLE	VS	<input type="checkbox"/> DELETE	13.5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6. NAME	BENZINGER, CECILIA C.		13.6. NAME	
12.7. STREET ADDRESS	5618 GLENWAY AVE.		13.7. STREET ADDRESS	
12.8. CITY - STATE - ZIP	CINCINNATI OH		13.8. CITY - STATE - ZIP	
12.9. TITLE		<input type="checkbox"/> DELETE	13.9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10. NAME			13.10. NAME	
12.11. STREET ADDRESS			13.11. STREET ADDRESS	
12.12. CITY - STATE - ZIP			13.12. CITY - STATE - ZIP	
12.13. TITLE		<input type="checkbox"/> DELETE	13.13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14. NAME			13.14. NAME	
12.15. STREET ADDRESS			13.15. STREET ADDRESS	
12.16. CITY - STATE - ZIP			13.16. CITY - STATE - ZIP	
12.17. TITLE		<input type="checkbox"/> DELETE	13.17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18. NAME			13.18. NAME	
12.19. STREET ADDRESS			13.19. STREET ADDRESS	
12.20. CITY - STATE - ZIP			13.20. CITY - STATE - ZIP	

14. I 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: *Cecilia C. Benzinger* **Cecilia C. Benzinger**

2/15/96

513-451-2540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE OF FILING

CR2E034 (12/95)