

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra G. Barthman  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED  
95 MAY -1 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400001480754  
-05/09/95--01085--012  
\*\*\*200.00 \*\*\*200.00

DOCUMENT # P 92000009115 (6)  
1. Corporation Name

S. Cornelia Franz, M.D., P.A.

Principal Place of Business Mailing Address  
1414 Kuhl Avenue 1717 Kuhl Avenue

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/2/92  
3a. Date of Last Report 1994

2. Principal Place of Business

2a. Mailing Address

21 1414 Kuhl Avenue

26 1414 Kuhl Avenue

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

23 Orlando FL

28 Orlando FL

Zip

Country

Zip

Country

24 32806

25 Orange

29 32806

30 Orange

4. FEI Number

59-3151848

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 intangible tax under S. 199.032, Florida Statutes

YES  NO

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Karl Hodges

82 Street Address (P.O. Box Number is Not Acceptable)

1414 Kuhl Avenue

83

84 City

Orlando

FL

85 Zip Code

32806

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

*Karl W. Hodges*

Karl W. Hodges, VP, CEO

4/27/95

4/14/95

Signature typed or printed name of registered agent

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

PD

J. Gary Strack  
1414 Kuhl Avenue  
Orlando, FL

Change  Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

SD

John Hillenmeyer  
1414 Kuhl Avenue  
Orlando, FL

Change  Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

TD

Karl Hodges  
1414 Kuhl Avenue  
Orlando, FL

Change  Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

Change  Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

Change  Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

Change  Addition

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karl W. Hodges

4/27/95

(407)841-5124

BPL  
4/14/95

*KW*