

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P92000009115 (6)**

1. Corporation Name
S. CORNELIA FRANZ, M.D., INC.



Principal Place of Business: **1414 KUHL AVE. ORLANDO FL 32806**
Mailing Address: **1414 KUHL AVE. ORLANDO FL 32806**

3. Date Incorporated or Qualified: **12/02/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25** Zip: **29 32806** Country: **30**

4. FEI Number: **59-3151848**
Applied For: Not Applicable
Certificate of Status Desired: **\$8.75 Additional Fee Required**
Election Campaign Financing: **\$5.00 May Be Added to Fees**
Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

g. Name and Address of Current Registered Agent
**HODGES, KARL
1414 KUHL AVE.
ORLANDO FL 32806**

10. Name and Address of New Registered Agent
**PAUL GOLDSTEIN
1414 KUHL AVENUE
ORLANDO FL.**
City: **84** Zip Code: **FL 85 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 in Section 607.0505, Florida Statutes.

SIGNATURE: *Paula Jolita* (DATE: **4/26/96**)
Signature typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when re-issuing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STRACK, J. GARY	
STREET ADDRESS	1414 KUHL AVE.	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HILLENMEYER, JOHN	
STREET ADDRESS	1414 KUHL AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HODGES, KARL	
STREET ADDRESS	1414 KUHL AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PD JOHN HILLENMEYER
23 STREET ADDRESS	1414 KUHL AVENUE
24 CITY-ST-ZIP	ORLANDO FL
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	D JOHN BOZARD
33 STREET ADDRESS	1414 KUHL AVENUE
34 CITY-ST-ZIP	ORLANDO FL
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	D GARRY SINGLETON
43 STREET ADDRESS	1414 KUHL AVENUE
44 CITY-ST-ZIP	ORLANDO FL
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	TD PAUL GOLDSTEIN
53 STREET ADDRESS	1414 KUHL AVENUE
54 CITY-ST-ZIP	ORLANDO FL
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paula Jolita* (DATE: **4/26/96**) (407) 841-5131
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date and Phone #)

CR2E034 (12/95)