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May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000012357 (9)

1. Corporation Name

FLORIDA MEDICAL CLINIC, P.A.

Principal Place of Business

38135 MARKET SOAURE
ZEPHYRHILLS FL 33540
US

Mailing Address

38135 MARKET SOAURE
ZEPHYRHILLS FL 33540
US



3. Date Incorporated or Qualified 12/16/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3156212	Applied For 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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MARQUARDT, EMIL C JR.
400 CLEVELAND ST.
SUITE 800
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISNER, MARK S M.D.	1.2 NAME	
STREET ADDRESS	38035 MEDICAL CENTER AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ZEPHYRHILLS FL 33540	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, PAUL E M.D.	2.2 NAME	
STREET ADDRESS	6719 GALL BLVD., SUITE 208	2.3 STREET ADDRESS	
CITY - ST - ZIP	ZEPHYRHILLS FL 33541	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHAN, WALI U M.D.	3.2 NAME	
STREET ADDRESS	1570 FORT KING RD., SUITE 101	3.3 STREET ADDRESS	
CITY - ST - ZIP	DADE CITY FL 33525	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARAIYA, CHANDRESH S M.D.	4.2 NAME	
STREET ADDRESS	510 E. CHURCH AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	DADE CITY FL 33525	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIKES, DAVID H M.D.	5.2 NAME	
STREET ADDRESS	38035 MEDICAL CENTER AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ZEPHYRHILLS FL 33540	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

3/5/97 813-780-8774

CR2E034 (9/96)