

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000030460 (8)**

1. Corporation Name
BARBARA VAN WINKLE, M.D., P.A.



Principal Place of Business
1501 ALT. 19 SOUTH SUITE T TARPON SPRINGS FL 34689

Mailing Address
1501 ALT. 19 SOUTH SUITE T TARPON SPRINGS FL 34689

3. Date incorporated or qualified: **04/26/1993** 3a. Date of Last Report: **04/11/1995**

4. FEI Number: **59-3178756** 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

10. Name and Address of New Registered Agent

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

**GASSMAN, ALAN S
1212 COURT ST.
SUITE B
CLEARWATER FL 34616**

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

11. Pursuant to the provisions of Sections 607.0112 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 607.0509, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director (Print Name)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE: **D** DELETE

2. NAME: **VAN WINKLE, BARBARA**

3. STREET ADDRESS: **1501 ALTERNATE 19 SOUTH, SUITE T**

4. CITY-STATE-ZIP: **TARPON SPRINGS FL 34689**

5. TITLE: DELETE

6. NAME:

7. STREET ADDRESS:

8. CITY-STATE-ZIP:

9. TITLE: DELETE

10. NAME:

11. STREET ADDRESS:

12. CITY-STATE-ZIP:

13. TITLE: DELETE

14. NAME:

15. STREET ADDRESS:

16. CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE: Change Addition

18. NAME:

19. STREET ADDRESS:

20. CITY-STATE-ZIP:

21. TITLE: Change Addition

22. NAME:

23. STREET ADDRESS:

24. CITY-STATE-ZIP:

25. TITLE: Change Addition

26. NAME:

27. STREET ADDRESS:

28. CITY-STATE-ZIP:

29. TITLE: Change Addition

30. NAME:

31. STREET ADDRESS:

32. CITY-STATE-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 199.07(3)(b), 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 or person or persons authorized to exercise the 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 affidavit.

SIGNATURE: *Barbara Van Winkle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Van Winkle

CR2E034 (12/95)