

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000025596 (5)

1. Corporation Name

GIBBS, KAPLAN, KLONARIS & HAKKI, M.D.'S, P.A.



Principal Place of Business

**34041 U.S. HWY 19 NORTH
SUITE A
PALM HARBOR FL 34684-2648**

Mailing Address

**34041 U.S. HWY 19 NORTH
SUITE A
PALM HARBOR FL 34684-2648**

3. Date Incorporated or Qualified 04/04/1994	3a. Date of Last Report 06/20/1995
4. FEI Number 59-3233548	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	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

**GOLD, AARON J
704 WEST BAY STREET
TAMPA FL 33606**

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	FL

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent or officer or director)

DATE Registered Agent signature prepared for filing

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GIBBS, KENNETH	
STREET ADDRESS	106 HARBOR DR.	
CITY - ST - ZIP	PALM HARBOR FL 34683	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KAPLAN, KERRY J	
STREET ADDRESS	1522 SILVER MOON LANE	
CITY - ST - ZIP	PALM HARBOR FL 34683	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KLONARIS, JOHN H	
STREET ADDRESS	2020 SPANISH PINES DR.	
CITY - ST - ZIP	PALM HARBOR FL 34684	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HAKKI, A-HAMID MD	
STREET ADDRESS	8547 MERRIMAR BLVD. EAST	
CITY - ST - ZIP	LARGO FL 34647	
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		DELETED
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	1983 MUIRFIELD WAY	
3.3 STREET ADDRESS	OLDSMAR, FL 34677	
3.4 CITY - ST - ZIP		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	700001779587	
6.3 STREET ADDRESS	-04/15/96--01027--008	
6.4 CITY - ST - ZIP	***200.00	

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: *Kerry Kaplan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

813-781-1204

CR2E034 (12/95)

4-14-96