

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P94000059391 (0)

95 JAN 19 AM 9:47

1. Corporation Name
CHARLES W. RUSH, M.D., P.A.

Principal Place of Business Mailing Address
**2020 S TAMiami TRAIL
SARASOTA FL 34239** **2020 S TAMiami TRAIL
SARASOTA FL 34239**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. SAME		26. SAME		08/11/1994	
22. State, Apt. #, etc.		27. State, Apt. #, etc.		4. FEI Number	Applied For
				65-0516359	Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. Country		30. Country		<input type="checkbox"/>	
				7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LASCALLE, PHILIP M 2020 S TAMiami TRAIL SARASOTA FL 34239				81. Name	Charles W. Rush, M.D.		
				82. Street Address (P.O. Box Number is Not Acceptable)	2020 S. TAMiami Tr.		
				83.			
				84. City	Sarasota	FL	85. Zip Code

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: Charles W. Rush, M.D. 1-12-95

12. OFFICERS AND DIRECTORS				13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT	TITLE		1. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHARLES W. RUSH, M.D.	2. NAME		12. NAME			
STREET ADDRESS	2020 S. TAMiami Tr.	13. STREET ADDRESS		13. STREET ADDRESS			
CITY, ST, ZIP	SARASOTA, FL. 34239	14. CITY, ST, ZIP		21. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		22. NAME		22. NAME			
		23. STREET ADDRESS		23. STREET ADDRESS			
		24. CITY, ST, ZIP		24. CITY, ST, ZIP			
		31. TITLE		31. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		32. NAME		32. NAME			
		33. STREET ADDRESS		33. STREET ADDRESS			
		34. CITY, ST, ZIP		34. CITY, ST, ZIP			
		41. TITLE		41. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		42. NAME		42. NAME			
		43. STREET ADDRESS		43. STREET ADDRESS			
		44. CITY, ST, ZIP		44. CITY, ST, ZIP			
		51. TITLE		51. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		52. NAME		52. NAME			
		53. STREET ADDRESS		53. STREET ADDRESS			
		54. CITY, ST, ZIP		54. CITY, ST, ZIP			
		61. TITLE		61. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		62. NAME		62. NAME			
		63. STREET ADDRESS		63. STREET ADDRESS			
		64. CITY, ST, ZIP		64. CITY, ST, ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the corporation stated in the name of the 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 in the oath, that I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with this filing.

SIGNATURE: Charles W. Rush, M.D. 1-12-95 (813) 366-3553

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR