

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000067959 (3)**

1. Corporation Name

JOHN F. OLVA, M.D., P.A.



Principal Place of Business: **10505 S.W. 130TH COURT MIAMI FL 33188**
3700 Emergency Ln. Sebring, FL 33870

Mailing Address: **10505 S.W. 130TH COURT MIAMI FL 33188**
3700 Emergency Ln. Sebring, FL 33870

2. Principal Place of Business: **3700 Emergency Ln. Sebring, FL**

2a. Mailing Address: **3700 Emergency Ln. Sebring, FL**

22. City & State: **Sebring, FL**

23. City & State: **Sebring, FL**

24. Zip: **33870**

25. Country: **USA**

29. Zip: **33870**

30. Country: **USA**

3. Date Incorporated or Qualified: **09/01/1995**

3a. Date of Last Report: **N/A**

4. FEI Number: **65-0608959**

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

9. Name and Address of Current Registered Agent:
**WALKER, MICHAEL B
900 SUN BANK BLDG.
777 BRICKELL AVE.
MIAMI FL 33131**

10. Name and Address of New Registered Agent:

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 officer 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: **Michael B. Walker** DATE: **4/23/96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PSTD	<input type="checkbox"/>
NAME	OLVA, JOHN F	
STREET ADDRESS	10505 S.W. 130TH COURT	
CITY-ST-ZIP	MIAMI FL 33188	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	OLVA, JOHN F.		
1.3 STREET ADDRESS	3012 WYNSTONE DR.		
1.4 CITY-ST-ZIP	SEBRING, FL 33872		
2.1 TITLE	Treasurer	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	QUICK, JANICE C.		
2.3 STREET ADDRESS	3012 WYNSTONE DR.		
2.4 CITY-ST-ZIP	SEBRING, FL 33872		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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: **Janice C. Quick** DATE: **4/23/96** DAYTIME PHONE #: **(941) 471-8600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JANICE C. QUICK TREASURER**

CR2E034 (12/95)