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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION
ANNUAL REPORT
1995

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



DOCUMENT # S28270 (4)

1. Corporation Name
JAMES M. RONALDSON, M.D., P.A.

Principal Place of Business Mailing Address
**1051 S HICKORY ST
STE D
MELBOURNE FL 32901
US**

3. Date Incorporated or Qualified **01/28/1991** 3a. Date of Last Report **02/22/1994**

4. FEI Number **59-3046113** 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. 100.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1351 S. Hickory St.** 26 **1351 S. Hickory St.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

City & State City & State
23 **Melbourne, FL** 28 **Melbourne, FL**

Zip Country Zip Country
24 **32901** 25 **Brevard** 29 **32901** 30 **Brevard**

9. Name and Address of Current Registered Agent
**FRESE, GARY B.
930 S HARBOR CITY BLVD SUITE 505
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent
81 Name **John R. Kancilla**
82 Street Address (P.O. Box Number is Not Acceptable) **516 N. Harbor City Blvd.**
83
84 City **Melbourne** FL 85 Zip Code **32935**

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 *[Signature]* DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **STDP**
NAME **RONALDSON, JAMES M**
STREET ADDRESS **1051 S HICKORY ST, STE D**
CITY - ST - ZIP **MELBOURNE FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **1351 S. Hickory St.**
1.4 CITY - ST - ZIP **Melbourne, FL 32901**

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 110.07(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: *[Signature]* 1/31/95 407 951-1095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Captain/President