

**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 # **S73823** (4)

1. Corporation Name  
**HAROLD SUSSEWELL, M.D., P.A.**



Principal Place of Business: C/O HAROLD SUSSEWELL, M.D. 2051 45TH ST., SUITE 112 WEST PALM BEACH FL 33407  
Mailing Address: C/O HAROLD SUSSEWELL, M.D. 2051 45TH ST., SUITE 112 WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified: 08/12/1991  
3a. Date of Last Report: 03/17/1995  
4. FEI Number: 65-0278122  
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

2. Principal Place of Business: 21 813 Victory circle, 22 Baytown Beach FL, 23 33436, 24 Zip, 25 Country  
2a. Mailing Address: 26 813 Victory circle, 27 Baytown Beach FL, 28 33436, 29 Zip, 30 USA

9. Name and Address of Current Registered Agent  
**SUSSEWELL, HAROLD  
2051 45TH STREET  
SUITE 112  
W. PALM BEACH FL 33407**

10. Name and Address of New Registered Agent  
81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: 4/25/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SUSSEWELL, HAROLD	
STREET ADDRESS	1344 POINTE DR 813 Victory circle	
CITY-ST-ZIP	WEST PALM BEACH FL Baytown Beach FL 33436	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	SUSSEWELL, HAROLD	
STREET ADDRESS	1344 POINTE DR 813 Victory circle	
CITY-ST-ZIP	WEST PALM BEACH FL Baytown Beach FL 33436	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Sussewell, Harold	
13 STREET ADDRESS	813 Victory circle	
14 CITY-ST-ZIP	Baytown Beach FL 33436	
21 TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Sussewell, Harold	
23 STREET ADDRESS	813 Victory circle	
24 CITY-ST-ZIP	Baytown Beach FL 33436	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: [Signature] DATE: 4/25/96

CR2E034 (12/95)