

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000083205 (1)**

1. Corporation Name

PARK AVENUE FAMILY PRACTICE OF GAINESVILLE, INC.



Principal Place of Business

**1307 N.W. 57TH STREET
GAINESVILLE FL 32605**

Mailing Address

**1307 N.W. 57TH STREET
GAINESVILLE FL 32605**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CLAYTON, MARILYN
1307 N.W. 57TH STREET
GAINESVILLE FL 32605**

81

Name

82

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

1014 N. W. 57th Street

83

84

City

Gainesville

FL

85

Zip Code

32605

11. Pursuant to the provisions of Sections 607.057 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, Sections 607.057 and 607.1508, Florida Statutes.

SIGNATURE

Marilyn Clayton

Marilyn Clayton

2/9/96

12.

OFFICERS AND DIRECTORS

TITLE DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

PTS

2. NAME

Clayton, Marilyn

3. STREET ADDRESS

1014 N. W. 57th Street

4. CITY, ST, ZIP

Gainesville, FL 32605

5. TITLE Change Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE Change Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE Change Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE Change Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

14. I do hereby certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the trustee or trustee-empowered. I do hereby file this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if changed, to correspond herewith an address.

SIGNATURE:

Marilyn Clayton

Marilyn Clayton, President

2/9/96

352-332-8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)