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May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J47541

(4) NC 11-24

1. Corporation Name

~~DR GILLETTE & ASSOCIATES, INC.~~

VISION 21 INC., PHYSICIANS PRACTICE MGT

Principal Place of Business

% THEODORE N. GILLETTE  
7209 BRYAN DAIRY ROAD  
LARGO FL 34647

Mailing Address

% THEODORE N. GILLETTE  
7209 BRYAN DAIRY ROAD  
LARGO FL 33777-1505

3. Date Incorporated or Qualified  
12/13/1986

3a. Date of Last Report  
08/08/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-2749609

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. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

GILLETTE, THEODORE N.  
7209 BRYAN DAIRY ROAD  
LARGO FL 34647

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 607.1504, 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, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

DP  
GILLETTE, THEODORE N.  
7209 BRYAN DAIRY ROAD  
LARGO FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

CFO  
ARFARAS, NICHOLAS M.  
7209 BRYAN DAIRY RD  
LARGO FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

V  
SANCHEZ, RICHARD  
7209 BRYAN DAIRY RD  
LARGO FL 34647

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

LARGO, FL 33777

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

CFO  
RICHARD WELCH  
7209 BRYAN DAIRY RD  
LARGO, FL 33777

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

LARGO, FL 33777

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

900002164829  
-05/05/97--01002--006  
\*\*\*165.00

5/1/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

*(Handwritten signature)*

CR2E034 (9/96)