

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 14 AM 11:42

DOCUMENT # **471315** (2)  
1. Corporation Name  
**ELIAS P. FARRI, D.O., P.A.**

Principal Place of Business Mailing Address  
**9371-17 CYPRESS LAKE DR.  
FORT MYERS FL 33919**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporation/First Qualified	3a. Date of Last Report
21		2a		01/24/1975	02/01/1994
22 State, Apt. #, etc.		27 State, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		20 City & State		59-1579693	Not Applicable
24 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FARRI, DR. ELIAS P. 9371-17 CYPRESS LAKE DR. FORT MYERS FL 33919				01 Name			
				02 Street Address (P.O. Box Number is Not Acceptable)			
				03			
				04 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 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: \_\_\_\_\_ (Type or Print Name of Registered Agent or Registered Agent's Representative)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
011 TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
012 NAME	FARRI, ELIAS P	12 NAME	
013 STREET ADDRESS	9371-17 CYPRESS LAKE DR.	13 STREET ADDRESS	
014 CITY ST. ZIP	FT. MYERS FL	14 CITY ST. ZIP	
021 TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
022 NAME		22 NAME	
023 STREET ADDRESS		23 STREET ADDRESS	
024 CITY ST. ZIP		24 CITY ST. ZIP	
031 TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
032 NAME		32 NAME	
033 STREET ADDRESS		33 STREET ADDRESS	
034 CITY ST. ZIP		34 CITY ST. ZIP	
041 TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
042 NAME		42 NAME	
043 STREET ADDRESS		43 STREET ADDRESS	
044 CITY ST. ZIP		44 CITY ST. ZIP	
051 TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
052 NAME		52 NAME	
053 STREET ADDRESS		53 STREET ADDRESS	
054 CITY ST. ZIP		54 CITY ST. ZIP	
061 TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
062 NAME		62 NAME	
063 STREET ADDRESS		63 STREET ADDRESS	
064 CITY ST. ZIP		64 CITY ST. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.032(1)(b), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and correct 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 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 if an addition with an "X" above.)

SIGNATURE: *Elías P. Farri* 1/21/95 4815252  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OF FILING OR DIRECTOR