

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE

Janice B. Mathison

Secretary of State

1900 BANKERS BUILDING

APPROVED
AND
FILED

DOCUMENT # **476397** (5)

95 MAY 10 AM 10:35

ROCCO DESTEFANO PROFESSIONAL ASSOCIATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Place of Business HOME SAVINGS TOWER 1720 HARRISON STR. 17TH FLOOR HOLLYWOOD FL 33020 US		2a. Mailing Address HOME SAVINGS TOWER 1720 HARRISON STR. 17TH FLOOR HOLLYWOOD FL 33020 US		3. Date incorporated or qualified 05/19/1975		3b. Date of Last Report 01/13/1994	
2. Principal Place of Business 21	2a. Mailing Address 26	4. FE Number 59-1604999		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contributions <input type="checkbox"/> \$5.00 May Be Added to Fees	
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contributions <input type="checkbox"/> \$5.00 May Be Added to Fees		8. The corporation has liability for intangible tax under § 191.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23	28	9. Name and Address of Current Registered Agent DESTEFANO,ROCCO HOME SAVINGS TOWER 1720 HARRISON STR. 17TH FLOOR HOLLYWOOD FL 33020		10. Name and Address of New Registered Agent		B1 Name	
24	25	29	30	B2 Street Address (P.O. Box Number is Not Applicable)		B3	
24		25	29	30	B4 City		B5 State FL

11. Pursuant to the provisions of Sections 191.031 and 191.032 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office in response to public notice in the State of Florida. Such change was authorized by the corporation's Board of Directors. I hereby accept this appointment as registered agent. I am familiar with and will fulfill the obligations of Section 607.0501, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

NAME	PO DESTEFANO,ROCCO 1720 HARRISON ST. HOLLYWOOD FL
NAME	D TULJ,LIONEL 1930 TYLER STREET. HOLLYWOOD FL
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and is true and correct, that the information included on this statement is not a supplemental annual report as that term is defined in the statute and that my signature shall have the same legal effect as if made under oath. That the undersigned is a director of the corporation or the owner or holder empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the check for this filing.

SIGNATURE: x *Rocco Destefano*
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rocco Destefano

5/3/95 (30S) 923-4567

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # 479978 (9)

MICHAEL COLLINS M.D., P.A.

RECEIVED
MAY 12 1995
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Office of Business: **1109 LUCERNE TERRACE ORLANDO FL 32806**
Mailing Address: **1109 LUCERNE TERRACE ORLANDO FL 32806**

2. Principal Office of Business: **21** State: **FL** City & State: **Orlando, FL**
2a. Mailing Address: **26** State: **FL** City & State: **Orlando, FL**
23. City & State: **Orlando, FL**
24. City: **Orlando** County: **Seminole** 25. City: **Orlando** County: **Seminole** 29. City: **Orlando** County: **Seminole** 30. City: **Orlando** County: **Seminole**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/26/1975** 3a. Date of Last Report: **04/05/1994**
4. FEI Number: **59-1595198** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under § 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **COLLINS, MICHAEL 1109 LUCERNE STREET ORLANDO FL 32806**

10. Name and Address of New Registered Agent:

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	City
B4	City
B5	Zip Code

11. Pursuant to the provisions of Sections 607.01(3) and 607.15(8), 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 607.01(3), Florida Statutes.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 12)	
NAME	PD COLLINS, MICHAEL 1109 LUCERNE ST. ORLANDO FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY		3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D RAYMOND, HARRY 85 WEST MILLER STREET ORLANDO FL	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5. STREET ADDRESS	
CITY		6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HOWARD, ROBERT 115 WEST COLUMBIA ORLANDO FL	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		8. STREET ADDRESS	
CITY		9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. STREET ADDRESS	
CITY		12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. STREET ADDRESS	
CITY		15. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 199.03(2)(b), Florida Statutes. I further certify that the information was filed on this annual report or supplemental annual report in time and in compliance and that my signature shall have the same legal effect as if made on the report. 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 on the report in the list of officers or directors of the corporation with an address.

SIGNATURE: *x Michael Collins M.D. PA* 5-7-95 407843425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR