

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 # 476973 (3)

1. Corporation Name

ERNEST P. PALMER, M.D., P.A.



Principal Place of Business

214 WEST PALMETTO STREET
P.O. BOX 428
WAUCHULA FL 33873

Mailing Address

214 WEST PALMETTO STREET
P.O. BOX 428
WAUCHULA FL 33873

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PALMER, ERNEST
214 WEST PALMETTO STREET
WAUCHULA FL 33873

3. Date Incorporated or Qualified
05/29/1975

3a. Date of Last Report
04/20/1995

4. FEI Number

59-1595925

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

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 607.1508, 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

Gayle M. Palmer

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PALMER, ERNEST M.D.
STREET ADDRESS 214 WEST PALMETTO ST.
CITY-ST-ZIP WAUCHULA FL 33873

TITLE ☐ DELETE

NAME PALMER, GAYLE M.
STREET ADDRESS 214 WEST PALMETTO ST.
CITY-ST-ZIP WAUCHULA FL 33873

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

☐ Change ☐ Addition

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

500001865585
-06/18/96--01116--018
***225.00

71. TITLE

72. NAME

73. STREET ADDRESS

74. CITY-ST-ZIP

81. TITLE

82. NAME

83. STREET ADDRESS

84. CITY-ST-ZIP

SIGNATURE:

Gayle M. Palmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-96

DATE

Daytime Phone #

941-7734186

CR2E034 (12/95)