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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	996	DIVISION OF	CORPORATIONS		
DOCUMENT # 479978 (9)					
	Name EL COLLINS M.D., P.A.	· /			
WHOTTA	EL OOLLING WHO, FIA			(B 1821 B B B B B B B B B B
vincipal Place o	of Business	Mailing Address	AL		
rincipal Place of Business 1109 LUCERNE TERRACE		1109 LUCERNE TERRACE			
ORLANDO FL		ORLANDO FL 32806			
				3. Date incorporated or Qualified 06/26/1975	3a. Date of Last Report 05/11/1995
Principal Plac	ce of Business	2a, Mailing Address		4, F8I Number	Applied For
		26		59-1595198	Not Applicat
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
L		28	- r	Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip [29]	Country 30	8. This corporation has liability for Florida Statutes X Yes	intangible tax under s. 199.032, — No
	9. Name and Address of Curre	eritable de la companya de la compa		10. Name and Address of New F	
			81 Name		
COLLINS, MICHAEL 1109 LUCERNE STREET ORLANDO FL 32806		82 Street Add		ress (P.O. Box Number is Not Acceptable)	
			83		
			1 1		
Pursuant to or registere familiar with	o the provisions of Sections 607.050 Id agent, or both, in the State of Flor I, and accept the obligations of, Soc	02 and 607.1508, Florida Statut rida. Such chango was authoriz clion 607.0505, Florida Statutes	es, the above named corred by the corporation's b	poration submits this statement for the pur loard of directors. I hereby accept the app	FL 85 Zip Code rpose of changing its registered off ointment as registered agent. I am
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BO PA

4-9-96

Daytime Phone (