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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 481569

(2)

JOHN R. ACKERMANN, M.D., P.A.

APPROVED AND FILED

96 JAN 24 PM 2: 42

SECRETARY OF STATE TALLAHASSEE. FLORIDA



The temperature sense.	of Business	Mailing Address						
2302 SWANN AVENUE TAMPA FL 33609		17007 DOLPHIN DR. St. Petersburg fi	17007 Dolphin Dr. St. Petersburg Fl. 33708-1316					
					3. Date Incorporated or Qualified 08/01/1975	3a. Date o	f Last Re 01/199	
2. Pandipal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number			pplied For
21		26			59-1611466		<u> </u>	lot Applicable
Suite, Apt. # 22	r, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State		City & State			6. Election Campaign Financing		\$5.00) May Be
3	· · · · · · · · · · · · · · · · · · ·	28			Trust Fund Contribution	<u> </u>		to Fees
Zg+ 24]	Country 25	Zip 29	Gountr 30	У	This corporation has liability for in Florida Statutes		under s	199.032,
-1		Current Registered Agent			10. Name and Address of New R		ent	
			8	Name				
rief, frank J. III			82 Street Add		ldress (P.O. Box Number is Not Acceptable)			
	AMPA ST.							
&TE. 2800 TAMPA FL 33602			8:	3				
IAMPA F	·L 33602		8	4 City		FL	8 5 Zıç	Code
11 Day out to	a the provisions of Sections 60	07 0500 and 607 1508 Florida Stat	tutes the above	-pamed covios	ration submits this statement for the pur	· · ·	giog ite r	victored offic
12.	Signature, typed or prince arrange of regule CFFICE PD	RS AND DIRECTORS	(NOTE Registered Ag		d when reinstating: ADDITIONS/CHANGES TO OFFI			
	CFFICE	RS AND DIRECTORS DELETE	-			CERS AND E	DIRECTO Change	RS IN 12
12. DITE NAME	PD ACKERMANN, JOHN R 17007 DOLPHIN DR.	RS AND DIRECTORS DELETE ., MD	13. 1 1 TITLI 1 2 NAMI			CERS AND E		
12. THE NAME STREET ADDRESS	PD ACKERMANN, JOHN R	RS AND DIRECTORS DELETE , MD 33708-1316	13. 1 1 TITLI 1 2 NAMI	ET ADDRESS	ADDITIONS/CHANGES TO OFFI	CERS AND E	Change	Addition
12. THEF NAME STREET ADDRESS CHY ST. ZIP	PD ACKERMANN, JOHN R 17007 DOLPHIN DR. ST. PETERSBURG FL 3	RS AND DIRECTORS DELETE , MD 33708-1316	13. 1 1 TITLI 1 2 NAMI 1 3 STRE	ET ADDRESS ST-7IP	ADDITIONS/CHANGES TO OFFI	CERS AND E	Change	Addition
12. SIREF ADDRESS ONY STORE THE	PD ACKERMANN, JOHN R 17007 DOLPHIN DR. ST. PETERSBURG FL 3 T ACKERMAN, ELIZABET	RS AND DIRECTORS DELETE , MD 33708-1316	13. 1 1 TITL 1 2 NAM 1 3 SIRE 1 4 CITY 2 1 TITL 2 2 NAM	ET ADDRESS ST-7IP	ADDITIONS/CHANGES TO OFFI	CERS AND E	Change Changer Changer	Addition Addition
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12. DITE AAME STREET ADDRESS TOLY ST ZIP TOLE NAME STREET ADDRESS CITY ST-ZIP TOLE NAME	PD ACKERMANN, JOHN R 17007 DOLPHIN DR. ST. PETERSBURG FL 3 T ACKERMAN, ELIZABET 17007 DOLPHIN DR.	RS AND DIRECTORS DELETE 33708-1316 DELETE H 33708-1316	13. 1 1 TITLE 1 2 NAME 1 3 SIRE 1 4 CITY 2 1 TITLE 2 2 NAME 2 3 STRE 2 4 CITY 3 1 TITLE 3 2 NAME	ET ADDRESS ST-7IP FT ADDRESS ST-7IP	ADDITIONS/CHANGES TO OFFI	CERS AND E	Change Cha Change Cha Cha Change Cha Cha Cha Cha Cha Cha Cha Cha Cha Cha	Addition Addition
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12. DITE AAME SPEEL APDRESS COLY STEZIP TOTE ASME STAFFT APDRESS COLY STEZIP TOTE NAME STAFFT ADDRESS STAFFT ADDRESS STAFFT ADDRESS STAFFT ADDRESS	PD ACKERMANN, JOHN R 17007 DOLPHIN DR. ST. PETERSBURG FL 3 T ACKERMAN, ELIZABET 17007 DOLPHIN DR.	RS AND DIRECTORS DELETE 33708-1316 DELETE DELETE	13. 1 1 TITLE 1 2 NAME 1 3 SIRE 1 4 CITY 2 1 TITLE 2 2 NAME 2 3 STRE 2 4 CITY 3 1 TITLE 3 2 NAME 3 3 SIRE 3 4 CITY 4 1 TITLE 4 2 NAME 4 3 SIRE 4 4 CITY 5 1 TITLE 5 2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFI	79501	Change Change Change	Addition Addition Addition
12. DITE NAME SPRET ADDRESS PTY ST ZIP THE NAME STREET ADDRESS CITY ST ZIP	PD ACKERMANN, JOHN R 17007 DOLPHIN DR. ST. PETERSBURG FL 3 T ACKERMAN, ELIZABET 17007 DOLPHIN DR.	RS AND DIRECTORS DELETE 33708-1316 DELETE DELETE DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STRE 1 4 CITY 2 1 TITLE 2 NAME 2 3 STRE 2 4 CITY 3 1 TITLE 3 2 NAME 3 3 STRE 3 4 CITY 4 1 TITLE 4 2 NAME 4 3 STRE 4 4 CITY 5 1 TITLE 5 2 NAME 5 3 STRE 5 4 CITY	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	ADDITIONS/CHANGES TO OFFI	79501	Change Change Change	Addition Addition Addition Addition
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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 ooth, 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

HACHELMANN E. J. ACKERMANN SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 100 S. 100

12/96

813 3974914