

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 494038 (3)

1. Corporation Name
T.C. SEBASTIAN, M.D., P.A.



Principal Place of Business
2173-C CENTERVILLE PLACE
P.O. BOX 13328
TALLAHASSEE FL 32308

Mailing Address
2173-C CENTERVILLE PLACE
P.O. BOX 13328
TALLAHASSEE FL 32308-4356

3. Date Incorporated or Qualified: 02/01/1976
3a. Date of Last Report: 02/08/1996
4. FEI Number: 59-1644057
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

2. Principal Place of Business
21 2173 CENTERVILLE
22 TALLAHASSEE, FL
23 32308 US
24 25
2a. Mailing Address
26 2173 CENTERVILLE
27 TALLAHASSEE, FL
28 32308 U.S.A
29 30

9. Name and Address of Current Registered Agent
SEBASTIAN, T C MD
2173-C CENTERVILLE PLACE
TALLAHASSEE, FL
32308

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: T.C. SEBASTIAN, PRESIDENT
DATE: 1-7-97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	SEBASTIAN, T C MD	2173-C CENTERVILLE PLACE	TALLAHASSEE, FL 3	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 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 in an attachment with an address.

SIGNATURE: T.C. SEBASTIAN, T.C. SEBASTIAN
DATE: 1-7-97
TELEPHONE: 904-385-6179

CR2E034 (9/96)