

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 # 504775 (8)

1. Corporation Name

ELBERT L. FISHER, M.D., P.A.



Principal Place of Business

3661 S. MIAMI AVENUE
SUITE 109
MIAMI FL 33133

Mailing Address

3661 S. MIAMI AVENUE
SUITE 109
MIAMI FL 33133

3. Date Incorporated or Qualified
06/01/1976

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 801 EAST 6TH ST.

2a. Mailing Address

26 801 EAST 6TH ST.

4. FEI Number

59-1674812

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE # 409

Suite, Apt. #, etc.

27 SUITE # 409

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 PANAMA CITY FL

City & State

28 PANAMA CITY FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 32401

Country

25 U.S.A.

Zip

29 32401

Country

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISHER, ELBERT L.
3661 SOUTH MIAMI AVENUE
SUITE 109
MIAMI FL 33133

81 Name

FISHER, ELBERT L. M.D.

82 Street Address (P.O. Box Number is Not Acceptable)

801 EAST 6TH STREET

83

SUITE # 409

84 City

PANAMA CITY

FL

85 Zip Code

32401

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

Elbert L. Fisher
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-96

12. OFFICERS AND DIRECTORS

TITLE PDS ☐ DELETE

NAME FISHER, ELBERT L.
STREET ADDRESS 3661 S. MIAMI AVE #109
CITY, ST, ZIP MIAMI FL

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

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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

1.1 TITLE PDS ☒ Change ☐ Addition

12 NAME FISHER, ELBERT L. M.D.

13 STREET ADDRESS 801 EAST 6TH STREET SUITE 409

14 CITY-ST-ZIP PANAMA CITY FL 32401

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

Elbert L. Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96

Date

904-747-1121

Daytime Phone #

CR2E034 (12/95)