

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**

21	2. Principal Place of Business 801 EAST 6TH ST.	26	2a. Mailing Address 801 EAST 6TH ST.	4.	FEI Number 59-1674812	Applied For	
22	Suite, Apt. #, etc. SUITE # 409	27	Suite, Apt. #, etc. SUITE # 409	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State PANAMA CITY FL	28	City & State PANAMA CITY FL	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 32401	25	Country U.S.A	29	Zip 32401	30	Country U.S.A
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**FISHER, ELBERT L.
3661 SOUTH MIAMI AVENUE
SUITE 109
MIAMI FL 33133**

10. Name and Address of New Registered Agent

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
85	Zip Code FL 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* DATE: **3-12-96**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> DELETE
NAME	FISHER, ELBERT L.	
STREET ADDRESS	3661 S. MIAMI AVE #109	
CITY, ST, ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FISHER, ELBERT L. M.D.	
1.3 STREET ADDRESS	801 EAST 6TH STREET SUITE 409	
1.4 CITY-ST-ZIP	PANAMA CITY FL 32401	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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* DATE: **3-12-96** DAYTIME PHONE #: **904-747-1121**
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (12/95)