## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

538756

(8)

DOCUMENT # 538'
1. Corporation Name

JAMES M. LIGHT, M.D., P.A.

Principal Place of Business	Mailing Address	
	AND ARREST AND MODELL CHIEF 14	

ST PETERSBUR	/E NORTH, SUITE 1A RG FL 33713		BURG FL 3371	. SUITE TA 13		3. Date incorporated or Qualified	3a. Date	of Last R	Seport
						07/01/1977		/01/199	
, Principal Plac	on of Business	2a. Mailing A	ddress			4. FEI Number			Applied For
, Phricipal Flat ]	CA OL DOSLIGOS	26				59-1745751		$\Box$	Not Applicable
Suite, Apt. #	, etc.	Suite, Apr	ı, #, etc.			5. Certificate of Status Desired			5 Additional Required
City & State		City & Sta	ate			Election Campaign Financing     Trust Fund Contribution		<b></b>	00 May Be ad to Fees
Zip	Country Zip			Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes PNo			
	25	29		30		10. Name and Address of New I		Agent	
	9. Name and Address of Curr	ent Hegistered Age	ли. 	81	Name	10.			
	ITH AVE NO, SUITE 1A	•		82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)		
SI PEIE	RSBURG FL 33713			84			FL	85 Z	Zip Code
tamiliar Wil	n, and accept the obligations of, Se	3011017 007 .0000, 1101	ilda Glaloido			oration submits this statement for the puard of directors. I hereby accept the application reinstaling	DATE		
	Signature, typed or printed name of registered ag		(NOI	13.	ant signature requi	ADDITIONS/CHANGES TO OF		DIRECT	ORS IN 12
2.	OFFICERS A	AND DIRECTORS	DELETE	1.11111		NOOTHOUGH THE		Change	Addition
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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 certify that I am an officer of director of the corporation or the receiver or trystile empoyeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 18 if changed, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-15-96 813 323 4458

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