

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **545545** (6)

1. Corporation Name
MELBOURNE DERMATOLOGY CENTER - STEPHEN HORNELL, M.D., P.A.



Principal Place of Business Mailing Address
333 E. SHERIDAN ROAD MELBOURNE FL 32901

3. Date Incorporated or Qualified 09/19/1977	3a. Date of Last Report 03/10/1995
4. FEI Number 59-1761147	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. State, Apt. #, etc. 22. City & State 23. Zip 24. Country	25. Country	2a. Mailing Address 26. State, Apt. #, etc. 27. City & State 28. Zip 29. Country	30. Country
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**HORNELL, STEPHEN
106 SOUTHGATE BLVD.
MELBOURNE FL 32901**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
				FL

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: PD HORNELL, STEPHEN 12.2 STREET ADDRESS: 333 E. SHERIDAN RD. MELBOURNE FL 12.3 CITY-STATE-ZIP: SD HORNELL, PAMELA 12.4 STREET ADDRESS: 106 SOUTHGATE BLVD. MELBOURNE FL 12.5 CITY-STATE-ZIP: _____ 12.6 NAME: _____ 12.7 STREET ADDRESS: _____ 12.8 CITY-STATE-ZIP: _____ 12.9 NAME: _____ 12.10 STREET ADDRESS: _____ 12.11 CITY-STATE-ZIP: _____ 12.12 NAME: _____ 12.13 STREET ADDRESS: _____ 12.14 CITY-STATE-ZIP: _____	<input type="checkbox"/> DELETE	13.1 TITLE: _____ 13.2 NAME: _____ 13.3 STREET ADDRESS: _____ 13.4 CITY-STATE-ZIP: _____ 13.5 TITLE: _____ 13.6 NAME: _____ 13.7 STREET ADDRESS: _____ 13.8 CITY-STATE-ZIP: _____ 13.9 TITLE: _____ 13.10 NAME: _____ 13.11 STREET ADDRESS: _____ 13.12 CITY-STATE-ZIP: _____ 13.13 TITLE: _____ 13.14 NAME: _____ 13.15 STREET ADDRESS: _____ 13.16 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Stephen Hornell* 2/1/96 407-724-9650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)