

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 # 547842 (5)

1. Corporation Name
LEE ALAN BRICKER, M.D., P.A.



Principal Place of Business Mailing Address
~~87 IRONWEED DR. PUEBLO CO 61001~~ **21 DUKES LANE LINCOLNSHIRE, IL 60069**
~~87 IRONWEED DR. PUEBLO CO 61001~~ **21 DUKES LANE LINCOLNSHIRE, IL 60069**

2. Principal Place of Business 2a. Mailing Address
21 **21 DUKES LANE** 26 **21 DUKES LANE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **LINCOLNSHIRE IL** 28 **LINCOLNSHIRE, IL**
Zip Country Zip Country
24 **60069** 25 **USA** 29 **60069** 30 **USA**

3. Date Incorporated or Qualified **10/01/1977** 3a. Date of Last Report **04/19/1995**
4. FEI Number **59-1771081** Applied For Not Applicable
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRICKER, LEE ALAN
9561 SUNRISE LAKES BLVD.
BLDG 125 UNIT 104
SUNRISE LAKES FL 33322**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 location of, Section 607.0505, Florida Statutes.

SIGNATURE *Lee A. Bricker* **LEE A. BRICKER** DATE **4-14-96**
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICKER, LEE ALAN	1.2 NAME	BRICKER, LEE ALAN
STREET ADDRESS	87 IRONWEED DR.	1.3 STREET ADDRESS	21 DUKES LANE
CITY - ST - ZIP	PUEBLO CO	1.4 CITY - ST - ZIP	LINCOLNSHIRE, IL 60069
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Lee A. Bricker* **LEE A. BRICKER** DATE **4-14-96** (708) 268-6244
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (12/95)