

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 548173

(4)

1. Corporation Name

DALE L. OSTERLING M.D., P.A.



Principal Place of Business

305 S LINE AVE
PO BOX 1959
INVERNESS FL 34452
US

Mailing Address

305 S LINE AVE
PO BOX 1959
INVERNESS FL 34451

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

OSTERLING, DALE L.
305 S LINE AVE
INVERNESS FL 34452

3. Date Incorporated or Qualified
10/03/1977

3a. Date of Last Report
04/19/1995

4. FEI Number

59-1771032

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

X Yes No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.09(2) and 607.1504, 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 607.09(2), Florida Statutes.

SIGNATURE

Signature of the person who has been appointed as the registered agent

Signature of the person who has been appointed as the registered agent

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD	OSTERLING, DALE L.	☐ DELETE
NAME			
STREET ADDRESS		305 S LINE AVE	
CITY, ST, ZIP		INVERNESS FL	
TITLE	SD	OSTERLING, JANE B	☐ DELETE
NAME			
STREET ADDRESS		305 S LINE AVE	
CITY, ST, ZIP		INVERNESS 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			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. 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 the 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 Book 12 or Book 13 if changed, or on an attachment with an affidavit.

SIGNATURE:

Dale L. Osterling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96 (352) 126-5661

CR2E034 (12/95)