

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

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AND  
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**95 MAY -1 PH 8:26**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # 549736 (7)**

1. Corporation Name  
**BENJAMIN L. BIVINS, M.D., P.A.**

Principal Place of Business: **2009 MICCOSUKEE RD TALLAHASSEE FL 32308**

Mailing Address: **2009 MICCOSUKEE RD TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

Suite, Apt # etc: **22**

City & State: **23**

Zip: **24** Country: **25**

Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **10/15/1977**

3a. Date of Last Report: **03/18/1994**

4. FEI Number: **59-1777458**

Applied For:  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 § 199.002, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**BIVINS, BENJAMIN L.  
2009 MICCOSUKEE RD  
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_

(Signature of person or persons of registered agent and his or her spouse) (Signature of Registered Agent separate request when registering) (Date)

12. OFFICERS AND DIRECTORS

TITLE: **PD**

NAME: **BIVINS, BENJAMIN L**

STREET ADDRESS: **2009 MICCOSUKEE RD**

CITY, ST, ZIP: **TALLAHASSEE FL**

TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, ST, ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, ST, ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, ST, ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, ST, ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

1.1 TITLE: \_\_\_\_\_

1.2 NAME: \_\_\_\_\_

1.3 STREET ADDRESS: **900001480859**

1.4 CITY, ST, ZIP: **-05/09/95--01095--009**

2.1 TITLE: \_\_\_\_\_

2.2 NAME: \_\_\_\_\_

2.3 STREET ADDRESS: \_\_\_\_\_

2.4 CITY, ST, ZIP: **\*\*\*200.00 [\*\*\*200.00**

3.1 TITLE: \_\_\_\_\_  Change  Addition

3.2 NAME: \_\_\_\_\_

3.3 STREET ADDRESS: \_\_\_\_\_

3.4 CITY, ST, ZIP: \_\_\_\_\_

4.1 TITLE: \_\_\_\_\_  Change  Addition

4.2 NAME: \_\_\_\_\_

4.3 STREET ADDRESS: \_\_\_\_\_

4.4 CITY, ST, ZIP: \_\_\_\_\_

5.1 TITLE: \_\_\_\_\_  Change  Addition

5.2 NAME: \_\_\_\_\_

5.3 STREET ADDRESS: \_\_\_\_\_

5.4 CITY, ST, ZIP: \_\_\_\_\_

6.1 TITLE: \_\_\_\_\_  Change  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)(b), Florida Statutes. I further certify that the information related 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 this address.

**SIGNATURE:** *Benjamin L. Bivins* **Benjamin L. Bivins**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **27 Apr 95** **904**

System: **8771143**