

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 592105 (1)

1. Corporation Name

ROBERT E. GROGAN, M.D., P.A.



Principal Place of Business

395-B TEQUESTA DRIVE
P.O. BOX 3367
TEQUESTA FL 33469-7367

Mailing Address

395-B TEQUESTA DRIVE
P.O. BOX 3367
TEQUESTA FL 33469-0367
US

2. Principal Place of Business

21 State, Apt. #, etc.
22 City & State
23 Zip
24 County

2a. Mailing Address

26 State, Apt. #, etc.
27 City & State
28 Zip
29 County

9. Name and Address of Current Registered Agent

GROGAN, ROBERT E. M.D.
395-B TEQUESTA DRIVE
TEQUESTA FL 33469

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

3. Date of Incorporation (For Out-of-State) 11/01/1978
3a. Date of Last Report 05/01/1995
4. FEI Number 59-1860512
5. Corporate Status (Domestic)
6. Existence of Campaign Financing Trust Funds Contribution
8. The corporation is liable for outstanding tax under s. 199.12(1) Florida Statute Yes No
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Section 607.01, Florida Statutes, I, the undersigned, as a duly authorized officer or director of the corporation, hereby certify for the purposes 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 or other governing authority, except the appointment of registered agent. I am familiar with and accept the obligations of Section 607.01(2), Florida Statutes.

SIGNATURE *[Signature]*

12. OFFICERS AND DIRECTORS

| | | |
|----|------------------------|--------------------------------------|
| PD | GROGAN, ROBERT E. M.D. | 391 B TEQUESTA DRIVE TEQUESTA FL |
| VD | OENBRINK, RAYMOND D.O. | 391 B. TEQUESTA DRIVE TEQUESTA FL |
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

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| | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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14. I do hereby certify that the information supplied herein is true and correct and that I am an officer or director of the corporation. If not, the undersigned shall be held liable for the same. I am an officer or director of the corporation and the person who has signed this certificate is a duly authorized officer or director of the corporation. I am familiar with and accept the obligations of Section 607.01(2), Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or removed therefrom within 90 days.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

CR2E034 (12/95)