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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
2500 B. MOYER
SECRETARY OF STATE
CORPORATION DIVISION

DOCUMENT # 597862 (2)

JOHN JOSEPH JANICK, M.D., P.A.

Principal Place of Business: 2595 HARBOR BLVD. SUITE 205 PT. CHARLOTTE FL 33952
Mailing Address: 2595 HARBOR BLVD. SUITE 205 PT. CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/20/1978
3a. Date of Last Report: 04/11/1994
4. FBI Number: 59-1900239
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

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JANICK, JOHN JOSEPH
2595 HARBOR BLVD.
SUITE 205
PT. CHARLOTTE, FL J 33952

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 607.0503 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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

NOTE: Registered Agent separate report when re-registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	JANICK, JOHN JOSEPH, MD
STREET ADDRESS	2595 HARBOR BLVD. #205
CITY-ST-ZIP	PT. CHARLOTTE FL
TITLE	D
NAME	JANICK, JOHN JOSEPH, MD
STREET ADDRESS	2595 HARBOR BLVD. #205
CITY-ST-ZIP	PT. CHARLOTTE FL
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this flow is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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. 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 on Block 12 or Block 13 of this report on an attached form with an address.

SIGNATURE:

JOHN J. JANICK, M.D.

SIGNATURE AND PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

22495

813-629-3366

DATE REGISTERED