

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **597862** (2)

1. Corporation Name

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



Principal Place of Business

Mailing Address

**2595 HARBOR BLVD.
SUITE 205
PT. CHARLOTTE FL 33952**

**2595 HARBOR BLVD.
SUITE 205
PT. CHARLOTTE FL 33952**

3. Date incorporated or Qualified
12/20/1978

3a. Date of Last Report
03/01/1995

4. FEI Number
59-1900239

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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 607.0502 and 607.1509, 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, which 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 obligation of, Section 607.005, Florida Statutes.

SIGNATURE

John Joseph Janick

Date of Registration Change

DATE

4/26/94

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE Change Addition

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 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 the statement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Joseph Janick

941-628-8364

4/26/94

CR2E034 (12/95)