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Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 597862 (2)

1. Corporation Name
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 33952-6731

3. Date Incorporated or Qualified: 12/20/1978
3a. Date of Last Report: 05/01/1996
4. FEI 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 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
JANICK, JOHN JOSEPH
2595 HARBOR BLVD.
SUITE 205
PT. CHARLOTTE, FL J 33952

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4369 Tamiami Trail
83 Suite A
84 City: Port Charlotte FL 85 Zip Code: 33980

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] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS
1.1 TITLE: PST
1.2 NAME: JANICK, JOHN JOSEPH, MD
1.3 STREET ADDRESS: 2595 HARBOR BLVD. #205
1.4 CITY-ST-ZIP: PT. CHARLOTTE FL
2.1 TITLE: D
2.2 NAME: JANICK, JOHN JOSEPH, MD
2.3 STREET ADDRESS: 2595 HARBOR BLVD. #205
2.4 CITY-ST-ZIP: PT. CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: [Change] [Addition]
1.2 NAME: [Change] [Addition]
1.3 STREET ADDRESS: 4369 Tamiami Trail #A
1.4 CITY-ST-ZIP: Port Charlotte, FL 33980
2.1 TITLE: [Change] [Addition]
2.2 NAME: Same as Above
2.3 STREET ADDRESS: [Change] [Addition]
2.4 CITY-ST-ZIP: [Change] [Addition]
3.1 TITLE: [Change] [Addition]
3.2 NAME: [Change] [Addition]
3.3 STREET ADDRESS: [Change] [Addition]
3.4 CITY-ST-ZIP: [Change] [Addition]
4.1 TITLE: [Change] [Addition]
4.2 NAME: [Change] [Addition]
4.3 STREET ADDRESS: [Change] [Addition]
4.4 CITY-ST-ZIP: [Change] [Addition]
5.1 TITLE: [Change] [Addition]
5.2 NAME: [Change] [Addition]
5.3 STREET ADDRESS: [Change] [Addition]
5.4 CITY-ST-ZIP: [Change] [Addition]
6.1 TITLE: [Change] [Addition]
6.2 NAME: [Change] [Addition]
6.3 STREET ADDRESS: [Change] [Addition]
6.4 CITY-ST-ZIP: [Change] [Addition]

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an attachment with an address.

SIGNATURE: [Signature] DATE: 1/28/97 DAYTIME PHONE: 941-629-3366

CR2E034 (9/96)