

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **598931** (4)

1. Corporation Name  
**BEVERLY J. VANCE, M.D., P.A.**



Principal Place of Business  
~~4111 LAND O' LAKES BOULEVARD~~  
~~SUITE 109~~  
~~LAND O' LAKES FL 34633~~

Mailing Address  
**4111 LAND O' LAKES BOULEVARD**  
**SUITE 109**  
**LAND O' LAKES FL 34633**

2. Principal Place of Business  
21 **2006 LAKE HOLLY DR**  
Suite, Apt. #, etc.  
22  
City & State  
23 **LUTZ FL**  
Zip  
24 **33549** Country  
25 **USA**

2a. Mailing Address  
26 **2006 LAKE HOLLY DR**  
Suite, Apt. #, etc.  
27  
City & State  
28 **LUTZ, FL**  
Zip  
29 **33549** Country  
30 **USA**

3. Date Incorporated or Qualified **12/29/1978** 3a. Date of Last Report **04/13/1995**  
4. FEI Number **59-1927813** 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  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**VANCE, BEVERLY J**  
~~4111 LAND O' LAKES BOULEVARD, SUITE 109~~  
~~LAND O' LAKES 34633~~

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2006 LAKE HOLLY DRIVE**  
83  
84 City **LUTZ** FL 85 Zip Code **33549**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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, the undersigned, am familiar with, and accept the obligations of Section 607.0502, Florida Statutes.

SIGNATURE *Beverly J. Vance* DATE **4/1/90**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VANCE, BEVERLY J	
STREET ADDRESS	4111 LAND O' LAKES BLVD	
CITY-ST-ZIP	LAND O' LAKES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS	2006 LAKE HOLLY DRIVE	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. TITLE	
16. NAME	
17. STREET ADDRESS	
18. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. TITLE	
20. NAME	
21. STREET ADDRESS	
22. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. TITLE	
24. NAME	
25. STREET ADDRESS	
26. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. TITLE	
28. NAME	
29. STREET ADDRESS	
30. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 appointed 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: *Beverly J. Vance*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/90

CR2E034 (12/95)