

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 600650 (6)

1. Corporation Name
HENRY D. GALLO, M.D., P.A.



Principal Place of Business: 8325 W HILLSBOROUGH AVE TAMPA FL 33615
Mailing Address: 8325 W HILLSBOROUGH AVE TAMPA FL 33615

3. Date Incorporated or Qualified: 12/11/1968
3a. Date of Last Report: 04/27/1995
4. FEI Number: 59-1265080
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 (21-24)
2a. Mailing Address (26-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country
25. Zip Country
26. Suite, Apt. #, etc.
27. City & State
28. Zip Country
29. Zip Country
30. Zip Country

9. Name and Address of Current Registered Agent

YADO, JESS J
1501 1/2 S DALE MABRY
TAMPA FL

10. Name and Address of New Registered Agent

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 607.1508, 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, typed or printed name of registered agent as of state of Florida

(NOTE: Registered Agent signature required for certain filings)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE
NAME	GALLO, HENRY D	1.2 NAME
STREET ADDRESS	8325 W HILLSBOROUGH AVE	1.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP
TITLE		2.1 TITLE
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE		3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 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 an attachment with an address.

SIGNATURE:

Henry D Gallo MD
HENRY D GALLO

4/26/96 813 886-1735
DATE DAYTIME PHONE #

CR2E034 (12/95)