

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **600680** (3)

1. Corporation Name
B.R. BLAKEY, M.D., P.A.

Principal Place of Business
**2712 DERBYSHIRE RD.
MATLAND FL 32751**

Mailing Address
**2712 DERBYSHIRE RD.
MATLAND FL 32751**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/19/1968

3a. Date of Last Report
05/01/1994

4. FEI Number
59-1225459

Applied For
 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
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

City & State
23

Zip Country
24

9. Name and Address of Current Registered Agent

**BLAKEY, B R
2712 DERBYSHIRE RD.
MATLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: **PD**
NAME: **BLAKEY, B R**
STREET ADDRESS: **2712 DERBYSHIRE RD.**
CITY - ST - ZIP: **MATLAND FL**

TITLE: **VPD**
NAME: **BLAKEY, KATHI R.**
STREET ADDRESS: **2712 DERBYSHIRE RD.**
CITY - ST - ZIP: **MATLAND FL**

TITLE: **D**
NAME: **BLAKEY, ROBERT E**
STREET ADDRESS: **340 N. MATLAND AVE.**
CITY - ST - ZIP: **MATLAND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(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 hereof, or on an attachment with an address.

SIGNATURE: *B.R. Blakey* **B.R. BLAKEY**

4/25/95 407
6584077