

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

65 JUN 10 1995

DOCUMENT # 600709 (0)

1. Corporation Name
GILBERT M. ECHELMAN M.D. PROFESSIONAL ASSOCIATION

Principal Place of Business Mailing Address
701 CARLSPLATZ COURT LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/31/1968** 3a. Date of Last Report **10/06/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

24 Zip 25 County 28 Zip 30 County

4. FEI Number **59-1228798** 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**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**ECHELMAN, G.M.
503 SO. BLVD.
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name **G.M. ECHELMAN**
82 Street Address (P.O. Box Number is Not Acceptable) **701 CARLSPLATZ CT.**
83
84 City **LUTZ** FL 85 Zip Code **33549**

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

Gilbert M. Echelman

DATE **6/7/95**

Signature typed in printed name of registered agent and the filer

NOTE: Registered Agent signature required when reconstituting.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ECHELMAN, GILBERT M
STREET ADDRESS	503 S. BLVD.
CITY ST ZIP	TAMPA FL
TITLE	D
NAME	FLYNN, JOHN D
STREET ADDRESS	503 S. BLVD.
CITY ST ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
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	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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 applicable, or on an attachment with an address.

SIGNATURE: *Gilbert M. Echelman M.D.* DATE **6/7/95** 813/949-0133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

OFFICER'S NAME

CR2E034 (3/95)