


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 600723 (1)					
1. Corporation Name SAMUEL J. SEGAL, M.D., P.A.					
Principal Place of Business 8201 46TH AVE. N. ST PETERSBURG FL 33709			Mailing Address 8201 46TH AVE. N. ST PETERSBURG FL 33709-4111		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1968		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1227885		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SEGAL, SAMUEL J 8201 46TH AVE. N. ST PETERSBURG FL 33709				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEGAL, SAMUEL J			1.2 NAME			
STREET ADDRESS	8201-46TH AVE. N.			1.3 STREET ADDRESS			
CITY - ST - ZIP	ST PETERSBURG FL			1.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, CARL			2.2 NAME			
STREET ADDRESS	1609 PASADENA AVE.			2.3 STREET ADDRESS			
CITY - ST - ZIP	SO. PASADENA FL			2.4 CITY - ST - ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVINE, MORRIS			3.2 NAME			
STREET ADDRESS	4957 38TH AVENUE			3.3 STREET ADDRESS			
CITY - ST - ZIP	ST PETERSBURG FL			3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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 registered 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 my street address in Block 14.

SIGNATURE: SAMUEL J. SEGAL, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/97 813/541-4439
Date Daytime Phone #

CR2E034 (9/96)