

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 601162

(1)

1. Corporation Name

BROWN H. STEGALL, M.D., P.A.

Principal Place of Business

515 S FEDERAL HIGHWAY  
DEERFIELD BEACH FL 33441

Mailing Address

515 S FEDERAL HIGHWAY  
DEERFIELD BEACH FL 33441

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                                |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br>06/27/1969                                                                                                                | 3a. Date of Last Report<br>03/03/1994                  |
| 4. FEI Number<br>59-1263773                                                                                                                                    | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | \$8.75 Additional Fee Required                         |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                          | \$5.00 May Be Added to Fees                            |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                |                            |
|--------------------------------|----------------------------|
| 2. Principal Place of Business | 2a. Mailing Address        |
| 21 4301 N. Federal Highway     | 26 4301 N. Federal Highway |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.        |
| 22 Suite 5                     | 27 Suite 5                 |
| City & State                   | City & State               |
| 23 Pompano Beach, FL           | 28 Pompano Beach, FL       |
| Zip Country                    | Zip Country                |
| 24 33064 25 Broward            | 29 33064 30 Broward        |

9. Name and Address of Current Registered Agent

STEGALL, BROWN H., MD  
515 S. FEDERAL HIGHWAY  
DEERFIELD BCH FL 33441

10. Name and Address of New Registered Agent

|                                                                                  |
|----------------------------------------------------------------------------------|
| 81 Name<br>Stegall, Brown H., M.D.                                               |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br>4301 N. Federal Highway |
| 83 Suite 5                                                                       |
| 84 City<br>Pompano Beach                                                         |
| 85 Zip Code<br>FL 33064                                                          |

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PST                    | 1.1 TITLE                                             | PST                                                               |
| NAME                       | STEGALL, BROWN, H., MD | 1.2 NAME                                              | Stegall, Brown H., M.D.                                           |
| STREET ADDRESS             | 515 S FEDERAL HWY      | 1.3 STREET ADDRESS                                    | 4301 N. Federal Highway, Suite 5                                  |
| CITY-ST-ZIP                | DEERFIELD BCH FL       | 1.4 CITY-ST-ZIP                                       | Pompano Beach, FL 33064                                           |
| TITLE                      |                        | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                        | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                        | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                        | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                        | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                        | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                        | 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                      |                        | 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                      |                        | 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 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 if changed, or on an attachment, with an address.

SIGNATURE:

*B. H. Stegall, M.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Brown H. Stegall, M.D.

3/16/95 (305)782-0072

Date

Telephone Number