

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 # **601570** (5)

1. Corporation Name
DONALD GUBER M.D., P.A.



Principal Place of Business: **41 WEST KALEY STREET ORLANDO FL 32806**
Mailing Address: **41 WEST KALEY STREET ORLANDO FL 32806**

3. Date Incorporated or Qualified: **10/21/1969**
3a. Date of Last Report: **04/03/1995**
4. FEI Number: **59-1275440**
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: **41 WEST KALEY STREET ORLANDO FL 32806**
2a. Mailing Address: **41 WEST KALEY STREET ORLANDO FL 32806**

9. Name and Address of Current Registered Agent
**GUBER, DONALD
145 OAKLEIGH LANE
MAITLAND FL 32751**

10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City
65 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: PD GUBER, DONALD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 145 OAKLEIGH LANE		1.2 NAME	
CITY-STATE-ZIP: ORLANDO FL		1.3 STREET ADDRESS	
TITLE: SD	<input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP	
NAME: GUBER, ANN		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 145 OAKLEIGH LANE		2.2 NAME	
CITY-STATE-ZIP: ORLANDO FL		2.3 STREET ADDRESS	
TITLE:	<input type="checkbox"/> DELETE	2.4 CITY-STATE-ZIP	
NAME:		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		3.2 NAME	
CITY-STATE-ZIP:		3.3 STREET ADDRESS	
TITLE:	<input type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP	
NAME:		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		4.2 NAME	
CITY-STATE-ZIP:		4.3 STREET ADDRESS	
TITLE:	<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP	
NAME:		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		5.2 NAME	
CITY-STATE-ZIP:		5.3 STREET ADDRESS	
TITLE:	<input type="checkbox"/> DELETE	5.4 CITY-STATE-ZIP	
NAME:		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		6.2 NAME	
CITY-STATE-ZIP:		6.3 STREET ADDRESS	
TITLE:	<input type="checkbox"/> DELETE	6.4 CITY-STATE-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 supplementary 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 trustee 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 additional sheet of this address.

SIGNATURE: *[Signature]* **PRESIDENT** 2/1/96 (407) 841-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Donald Guber**

CR2E034 (12/95)