

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 602092 (9)

1. Corporation Name
RALPH E. PETERSON M.D. P A



Principal Place of Business
**120 GULF PINES DR.
PT. ST. JOE FL 32456
US**

Mailing Address
**P. O. BOX 338
PT. ST. JOE FL 32456-0338
US**

2. Principal Place of Business
21 **230 GULF PINES DR.**
22 Suite, Apt. #, etc.
23 **PORT ST JOE, FL.**
24 **32456** 25 **U.S.A.**
26 **P O BOX 338**
27 Suite, Apt. #, etc.
28 **PORT ST JOE, FL**
29 **32456-0338** 30 **U.S.A.**

3. Date Incorporated or Created **05/18/1970** 3a. Date of Last Report **02/09/1995**
4. FEI Number **59-1292396** 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 is liable for tangible tax under S. 199.032, Florida Statutes Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**PETERSON, RALPH E
120 GULF PINE DR.
PT. ST. JOE FL 32456**

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 607.01(6) and 607.15(6), Florida Statutes, the above named corporation is hereby authorized for the purpose of changing its registered office or registered agent, or both, in the State of Florida, to change power authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.01(6) and 607.15(6).

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PETERSON, RALPH E	
STREET ADDRESS	120 GULF PINE DR.	
CITY, ST, ZIP	PT. ST. JOE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied to the foregoing authority is true and correct and that I am duly qualified to act as registered agent in the State of Florida. I further certify that the information included on this annual report is supplied in full and complete and that I am an officer or director of the corporation or the holder or trustee empowered to execute this report on behalf of the Florida Statutes and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Ralph E. Peterson
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-96

(904) 229-1003

CR2E034 (12/95)