

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 602094 (5)

1. Corporation Name  
FELIX LOCICERO M.D., P.A



Principal Place of Business: 2919 SWANN AVE STE 404 TAMPA FL 33609  
Mailing Address: 2919 SWANN AVE STE 404 TAMPA FL 33609

3. Date Incorporated or Qualified: 05/18/1970  
3a. Date of Last Report: 04/04/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1306311	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LOCICERO, FELIX  
125 S. CLARK AVE.  
TAMPA FL 33609

10. Name and Address of New Registered Agent

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 LOCICERO, FELIX 125 S. CLARK AVE. TAMPA FL	<input type="checkbox"/> DELETE	1. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			1. 2 NAME
STREET ADDRESS			1. 3 STREET ADDRESS
CITY-ST-ZIP			1. 4 CITY-ST-ZIP
TITLE	D KAHANA, LAWRENCE 320 BLANCA AVE TAMPA FL	<input type="checkbox"/> DELETE	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	VD LOCICERO, KAREN R 3022 EMERSON TAMPA FL	<input type="checkbox"/> DELETE	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		<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 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 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: \_\_\_\_\_ 04/26/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)