

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 6, 1995.**  
 AUGUST 6, 1995 IS THE EXPIRY DATE; 6270 (IF REMOVED), MINIMUM AMOUNT DUE TO REMAIN IN STATE: \$270

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1995**



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

DOCUMENT # **602368**

(3)

1. Corporation Name

**CHARLES P. DE MINICO, M. D., P.A.**

Principal Place of Business

613 SOUTH BOULEVARD  
 TAMPA FL 33606  
 US

Mailing Address

613 SOUTH BOULEVARD  
 TAMPA FL 33606  
 US

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 JUN 30 AM 9:57

DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business	2a. Mailing Address		
21	2b.		
Sub-Apt. # etc	Sub-Apt. # etc		
22	27		
City & State	City & State		
23	28		
Zip	County	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent			
<b>DE MINICO, CHARLES P</b> <b>613 SOUTH BLVD.</b> <b>TAMPA FL 33606</b>			
61	Name		
62	Street Address (P.O. Box Number is Not Acceptable)		
63			
64	City		
	FL	Zip Code	
10. Name and Address of New Registered Agent			
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: <i>Charles P. De Minico, M.D.</i>			
Printed Name of Registered Agent and His/Her Address			
Printed Name of Registered Agent and His/Her Address			
12. OFFICERS AND DIRECTORS			
NAME	P	13. STREET ADDRESS	MAILING ADDRESS
NAME	DE MINICO, CHARLES P	11 NAME	11 NAME
STREET ADDRESS	613 S BLVD	12 NAME	12 NAME
CITY ST ZIP	TAMPA, FL 00000	13 STREET ADDRESS	13 STREET ADDRESS
CITY ST ZIP		14 CITY ST ZIP	14 CITY ST ZIP
NAME		21 NAME	21 NAME
NAME		22 NAME	22 NAME
STREET ADDRESS		23 STREET ADDRESS	23 STREET ADDRESS
CITY ST ZIP		24 CITY ST ZIP	24 CITY ST ZIP
NAME		31 NAME	31 NAME
NAME		32 NAME	32 NAME
STREET ADDRESS		33 STREET ADDRESS	33 STREET ADDRESS
CITY ST ZIP		34 CITY ST ZIP	34 CITY ST ZIP
NAME		41 NAME	41 NAME
NAME		42 NAME	42 NAME
STREET ADDRESS		43 STREET ADDRESS	43 STREET ADDRESS
CITY ST ZIP		44 CITY ST ZIP	44 CITY ST ZIP
NAME		51 NAME	51 NAME
NAME		52 NAME	52 NAME
STREET ADDRESS		53 STREET ADDRESS	53 STREET ADDRESS
CITY ST ZIP		54 CITY ST ZIP	54 CITY ST ZIP
NAME		61 NAME	61 NAME
NAME		62 NAME	62 NAME
STREET ADDRESS		63 STREET ADDRESS	63 STREET ADDRESS
CITY ST ZIP		64 CITY ST ZIP	64 CITY ST ZIP
14. I do hereby certify that the information contained with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. 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 this 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 of this form, or on an attachment with an address.			
<b>SIGNATURE:</b> <i>Charles P. De Minico, M.D.</i> <b>HONORABLE AND TYPED OR PRINTED NAME OF BONDED OFFICER OR DIRECTOR</b> <b>CHARLES P. De MINICO, M.D.</b>			
<i>6/26/95</i> <i>(813)253-3353</i>			

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