

FILE NOW: FILING FEE AFTER MAY 1 IS \$ 25.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra H. Martin
 Secretary of State
 DIVISION OF CORPORATIONS

3-28-96 B-28 - NC
 (2)

DOCUMENT # 602972

1. Corporation Name
MARIANO D. CIBRAN, M.D., P.A.



Principal Place of Business: **1012-4TH ST.S. ST. PETERSBURG FL 33701**
 Mailing Address: **1012-4TH ST.S. ST. PETERSBURG FL 33701**

2. Principal Place of Business
 21 State Apt #, etc
 22 City & State
 23 Zip Country
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3. Date Incorporated or Qualified: **07/23/1971**
 3a. Date of Last Report: **03/30/1995**
 4. FEI Number: **59-1355883**
 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

9. Name and Address of Current Registered Agent
**LEWIS, MARK R.
 3131 - 66TH STREET N., SUITE A
 ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent
 81 None
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0412 and 607.1308, 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 607.0509, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIBRAN, MARIANO	12. NAME	
STREET ADDRESS	1012-4TH ST.,S.	13. STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	14. CITY - ST - ZIP	
TITLE	S	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIBRAN, MARIANO	22. NAME	
STREET ADDRESS	1012-4TH ST.,S.	23. STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	24. CITY - ST - ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied in this filing is accurately furnished and does not qualify for the exemption stated in Section 119.073(4), 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 treasurer 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, unchanged, or on an addition with an address.

SIGNATURE: *Mariano Cibran* **MARIANO CIBRAN** 3/20/96

CR2E034 (12/95)