

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

INCORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
HARRIS M. MANLEY
GOVERNOR
TALLAHASSEE, FLORIDA
DEPARTMENT OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -1 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 603306 (2)

JOHN J. BOYLE M.D., P.A.

Principal Place of Business Mailing Address
1216 NW 22ND AVENUE P. O. BOX 14158
GAINESVILLE FL 32609 GAINESVILLE FL 32604
US US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/03/1972	3a. Date of Last Report 06/09/1994
21		26		4. FEI Number 59-1392818	Applied For Not Applicable
22. State, Apt. #, etc.		27. State, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOYLE, JOHN J 1216 NW 22ND AVE GAINESVILLE FL 32604				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 _____ DATE _____
(Type P.O. City and postal name of registered agent and FEI id no. below) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLE, JOHN J	1.2 NAME	
STREET ADDRESS	1216 NW 22ND AVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	GAINESVILLE FL	1.4 CITY - ST - ZIP	
TITLE		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		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		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		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		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 hereby certify that the information supplied with this filing is voluntarily furnished and claims not equally for the exemptions stated in Sections 111.07(9)(b), Florida Statutes. I further certify that the information furnished 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, its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears as Block 12 of this report, or on any attachment with an address.

SIGNATURE: 1/10/95 904-3782614
SIGNATURE AND PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
JOHN J. BOYLE, M.D.