

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 603488 (8)

1. Corporation Name
BARRANCO, BRIGGS, ROONEY & LYLE, M.D., P.A.



Principal Place of Business
**160 EAST LAKE HOWARD DRIVE
C/O S.J. BARRANCO
WINTER HAVEN FL 33881-3155**

Mailing Address
**160 EAST LAKE HOWARD DRIVE
C/O S.J. BARRANCO
WINTER HAVEN FL 33881-3155**

3. Date Incorporated or Qualified **04/18/1972** 3a. Date of Last Report **03/03/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1389580	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Country	29. Country	10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
**BARRANCO, S.J.
160 EAST LAKE HOWARD DRIVE
WINTER HAVEN FL**

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 _____ DATE _____
Signature, Title or printed name of registered agent and that agent's title. (NOTE: Registered Agent signature is required when no string)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
PD	BARRANCO, S.J. 160 EAST LAKE HOWARD DR. WINTER HAVEN FL	12. NAME	
STD	BRIGGS, DEANE R 160 EAST LAKE HOWARD DR WINTER HAVEN, FL 00000	13. STREET ADDRESS	
VD	ROONEY, MICHAEL J 160 EAST LAKE HOWARD DR WINTER HAVEN, FL 00000	14. CITY - ST - ZIP	
		2. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		22. NAME	
		23. STREET ADDRESS	
		24. CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		3. TITLE	
		32. NAME	
		33. STREET ADDRESS	
		34. CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		4. TITLE	
		42. NAME	
		43. STREET ADDRESS	
		44. CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		5. TITLE	
		52. NAME	
		53. STREET ADDRESS	
		54. CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		6. TITLE	
		62. NAME	
		63. STREET ADDRESS	
		64. CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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 in an attachment with an address.

SIGNATURE: *S.J. Barranco* DATE: *4/29/96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
S. J. BARRANCO

CR2E034 (12/95)