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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **603582** **(8)**

1. Corporation Name

EDWARD H. AUSTIN M.D., P.A.

Principal Place of Business	Mailing Address
1970 MICHIGAN AVE.. BLDG. B COCOA FL 32922	1970 MICHIGAN AVE.. BLDG. B COCOA FL 32922

3. Date Incorporated or Qualified: **06/27/1972**
3a. Date of Last Report: **02/02/1995**

4. FEI Number: **59-1405456** ☐ Applied For ☐ Not Applicable

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

2. Principal Place of Business	2a. Mailing Address
21 1941 Michigan Ave	26 1941 Michigan Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: COCOA FL	28 City & State: COCOA, Florida
24 Zip: 32922 25 Country: USA	29 Zip: 32922 30 Country: USA

9. Name and Address of Current Registered Agent

AUSTIN,EDWARD H
1970 MICHIGAN AVE.
COCOA FL 32922

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, typed or printed name of registered agent and title, if applicable (Both the Registered Agent signature and date required when changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	AUSTIN,EDWARD H		1.2 NAME		
STREET ADDRESS	1970 MICHIGAN AVE.		1.3 STREET ADDRESS	1941 Michigan Ave	
CITY-ST-ZIP	COCOA FL		1.4 CITY-ST-ZIP	COCOA, Florida 32922	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	AUSTIN,SARA C		2.2 NAME		
STREET ADDRESS	1970 MICHIGAN AVE.		2.3 STREET ADDRESS	1941 Michigan Ave	
CITY-ST-ZIP	COCOA FL		2.4 CITY-ST-ZIP	COCOA, Florida 32922	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(i), 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: E H Austin 2/9/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #