

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 603996 (0)

1. Corporation Name

ALBERT G. ECKIAN, M.D., INC.



Principal Place of Business

PINES EXECUTIVE CENTER  
2950 ALOMA AVE STE 302  
WINTER PARK FL 32792

Mailing Address

PINES EXECUTIVE CENTER  
2950 ALOMA AVE STE 302  
WINTER PARK FL 32792

3. Date Incorporated or Qualified  
12/21/1972

3a. Date of Last Report  
01/19/1995

2. Principal Place of Business

21 1460 Edith Street

Suite, Apt. #, etc.

22 Eustis FL

City & State

23 32726 USA

Zip

Country

2a. Mailing Address

26 1460 Edith Street

Suite, Apt. #, etc.

27 Eustis FL

City & State

28 32726 USA

Zip

Country

4. FEI Number

59-1430905

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

9. Name and Address of Current Registered Agent

ECKIAN, ALBERT G  
242 LINCOLNSHIRE ROAD  
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name Eckian, Albert G.

82 Street Address (P.O. Box Number is Not Acceptable)

83 1460 Edith Street

84 City Eustis

FL

85 Zip Code 32726

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 agree to the provisions of, Section 607.1508, Florida Statutes.

SIGNATURE

*Albert G. Eckian*  
Signature, typed or printed name of registered agent and (if applicable)

Albert G. Eckian, P Jan. 26, 1996

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME ECKIAN, ALBERT G  
STREET ADDRESS 242 LINCOLNSHIRE RD  
CITY, ST, ZIP WINTER PARK, FL 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTSD ☒ Change ☐ Addition

1.2 NAME Eckian, Albert G.  
1.3 STREET ADDRESS 1460 Edith Street  
1.4 CITY, ST, ZIP Eustis FL 32726

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Albert G. Eckian*  
Albert G. Eckian, P 352-357-1917  
Jan. 26, 1996

CR2E034 (12/95)