

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra P. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **604109** (9)

1. Corporation Name

SHORT, SUSAN W. PEDIATRICS, P.A.



Principal Place of Business: **1090 6TH AVENUE, NORTH NAPLES FL 33940**
Mailing Address: **P O BOX 8599 NAPLES FL 33941 US**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporation/Chartered: **01/26/1973**
3a. Date of Last Report: **02/20/1995**
4. FEI Number: **59-2061015**
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/merchandise tax under s. 193.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **FARESE, LAWRENCE A. 3411 TAMiami TRAIL, NORTH SUITE 204 NAPLES FL 33940**

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip/Code: **FL**

11. Pursuant to the provisions of Sections 607.03(1) and 607.15(1), Florida Statutes, this office, name of corporation, state of incorporation, 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, if they are not appointed as registered agent, family member with, and accept the obligations of Section 607.03(1), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	SHORT, SUSAN W	
STREET ADDRESS	4420 GAIL BOULEVARD	
CITY-STATE-ZIP	NAPLES, FLORIDA 33942	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it is true and correct to the best of my knowledge. I further certify that the information indicated on this annual report or supplementary annual report is true and correct 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached form with an affidavit.

SIGNATURE: *Susan W. Short*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/96

CR2E034 (12/95)