

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **604346**

(7)

1. Corporation Name

DON LOUIS HORN, M.D. P.A.

Principal Place of Business

Mailing Address

**809 E MARION AVE
P.O. BOX 670
PUNTA GORDA FL 33950**

**809 E MARION AVE
P.O. BOX 670
PUNTA GORDA FL 33950-3819**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1973	3a. Date of Last Report 02/05/1996
21		26		4. FEI Number 59-1462282	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HORN, D.L.
809 E. MARION
PUNTA GORDA FL**

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

Don L. Horn, M.D.

Don L. Horn, M.D.

3/28/97

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORN, D.L.			1.2 NAME			
STREET ADDRESS	809 E. MARION			1.3 STREET ADDRESS			
CITY - ST - ZIP	PUNTA GORDA FL			1.4 CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORN, D.L.			2.2 NAME			
STREET ADDRESS	809 E. MARION			2.3 STREET ADDRESS			
CITY - ST - ZIP	PUNTA GORDA FL			2.4 CITY - ST - ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORN, D.L.			3.2 NAME			
STREET ADDRESS	809 E. MARION			3.3 STREET ADDRESS			
CITY - ST - ZIP	PUNTA GORDA FL			3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 do hereby certify that the information supplied with this filing 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:

Don L. Horn, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don L. Horn, M.D.

Date

Daytime Phone #

3/28/97 (941) 639-4870

0403063

CR2E034 (9/96)