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 # **604415** **(0)**

1. Corporation Name
N. F. FAIN, JR., M.D., P.A.

Principal Place of Business	Mailing Address
519-B HARBOR CITY BOULEVARD MELBOURNE FL 32935	519-B HARBOR CITY BOULEVARD MELBOURNE FL 32935

3. Date Incorporated or Qualified: **06/12/1973**
3a. Date of Last Report: **02/03/1995**

2. Principal Place of Business
21 500 S. River Oak Drive
22 Suite, Apt. #, etc.
23 City & State: Indialantic, FL
24 Zip: 32903 25 Country

2a. Mailing Address
26 500 S. River Oak Drive
27 Suite, Apt. #, etc.
28 City & State: Indialantic, FL
29 Zip: 32903 30 Country

4. FEI Number: **59-1465231** ☐ 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

FAIN JR MD. N F
519-B HARBOR CITY BLVD
MELBOURNE, FL
32935

10. Name and Address of New Registered Agent

81 Name: N.F. Fain, Jr., M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 500 S. River Oak Drive
83
84 City: Indialantic FL 85 Zip Code: 32903

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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FAIN, N. F. JR. M.D. 519-B HARBOR CITY BLVD. MELBOURNE FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD Fain, N.F., Jr., M.D. 500 S. River Oak Drive Indialantic, FL 32903	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCMILLAN, D. W. M.D. 1281 S. HICKORY STREET MELBOURNE FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BECKMAN, K. M. JR. M.D. 511-B HARBOR CITY BLVD. MELBOURNE FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE: ✓ N F Fain Jr. N F FAIN JR MD 2/24/96 (407) 729 0422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)