

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 606093 (3)

1. Corporation Name

STEPHEN K. ALBERT, M.D., P.A.



Principal Place of Business

Mailing Address

20 SAPHIRE DRIVE  
POST OFFICE BOX 2651  
KEY WEST FL 33045  
US

20 SAPHIRE DRIVE  
POST OFFICE BOX 2651  
KEY WEST FL 33045  
US

3. Date Incorporated or Qualified  
01/09/1979

3a. Date of Last Report  
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21 155 MORIAH Creek Rd

26 Po Box 204

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Crawfordville, FL

28 St MARKS, FL

Zip

Zip

Country

Country

24 32327

25 USA

29 32355

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALBERT, STEPHEN K  
20 SAPHIRE DRIVE  
POST OFFICE BOX 2651  
KEY WEST FL 33045

81 Name

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

155 MORIAH Creek Rd

83

84

City Crawfordville

FL

85 Zip Code

32327

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

Signature of person filing this statement (Typed or printed name of registered agent and hand written signature)

(NOTE: Registered Agent signature required when re-registering)

Stephen K Albert M.D. PA  
President

6/10/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST  
NAME ALBERT, STEPHEN K  
STREET ADDRESS 20 SAPHIRE DRIVE  
CITY-ST-ZIP KEY WEST FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

155 MORIAH Creek Rd  
Crawfordville, FL 32327

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 617, 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

Stephen K Albert

6/10/96

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