

**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 # **615458** (7)

1. Corporation Name  
**JOHN V. DUNNE, M.D., P.A.**



Principal Place of Business: **250 2ND ST E #3A BRADENTON FL 34208**  
Mailing Address: **250 2ND ST E #3A BRADENTON FL 34208**

3. Date Incorporated or Qualified: **03/27/1979**  
3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-1893392**  
5. Certificate of Status Desired:   
6. Election Campaign Financing Trust Fund Contribution:   
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **DUNNE, JOHN V. 2010 59TH STREET WEST BRADENTON FL**  
10. Name and Address of New Registered Agent: **DUNNE, JOHN V. 2010 59TH STREET WEST BRADENTON FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: DUNNE, JOHN V.	1.1 TITLE:	1.2 NAME:
STREET ADDRESS: 2010 59TH ST W.	CITY-ST-ZIP: BRADENTON FL	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
TITLE: VS	NAME: DUNNE, MALETA	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 2010 59TH ST W	CITY-ST-ZIP: BRADENTON FL	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE:	NAME:	3.1 TITLE:	3.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE:	NAME:	4.1 TITLE:	4.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

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: *Maleta C. Dunne* Vice President Date: *4-30-96* Daytime Phone #: *941-748-7800*

CR2E034 (12/95)