

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Thomas B. Marston  
Secretary of State  
1900 North U.S. Highway 14, Tallahassee, FL 32304

APPROVED  
7/20/95

DOCUMENT # **625091** (4)

55 MAY - 1 11:05 05

RALPH A. PARKS, M.D., P.A.

RECEIVED  
TALLAHASSEE, FLORIDA

2. Principal Office Address <b>1411 S 14TH STREET STE D FERNANDINA BCH FL 32034 US</b>		2a. Mailing Address <b>1411 S 14TH STREET STE D FERNANDINA BCH FL 32034 US</b>		3. Date Incorporated or Qualified <b>06/07/1979</b>		3a. Date of Last Report <b>04/28/1994</b>	
21. State of Incorporation <b>FL</b>	26. Mailing Address State <b>FL</b>	4. FIC Number <b>59-1916392</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22. City & State <b>FERNANDINA BCH FL</b>	27. Mailing Address City & State <b>FERNANDINA BCH FL</b>	5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. City <b>FERNANDINA BCH</b>	25. State <b>FL</b>	29. City <b>FERNANDINA BCH</b>	30. State <b>FL</b>	8. This corporation has liability for intangible tax under S. 199.032 Florida Statute: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>PARKS, RALPH A., M.D. 1411 SO 14 STR STE D FERNANDINA BCH FL 32034</b>				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 <b>FL</b>			

11. Pursuant to the provisions of Sections 607.0902 and 607.1504, Florida Statutes, the above named corporation submits the 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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
1. TITLE <b>PD</b>	2. NAME <b>PARKS, RALPH A.</b>	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2. NAME
3. STREET ADDRESS <b>1411 SO 14 STR, STE D</b>	4. CITY & STATE <b>FERNANDINA BCH FL</b>	3. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4. NAME
5. TITLE	6. NAME	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6. NAME
7. STREET ADDRESS	8. NAME	7. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	8. NAME
9. CITY & STATE	10. NAME	9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	10. NAME
11. TITLE	12. NAME	11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	12. NAME
13. STREET ADDRESS	14. NAME	13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	14. NAME
15. CITY & STATE	16. NAME	15. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	16. NAME
17. TITLE	18. NAME	17. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	18. NAME
19. STREET ADDRESS	20. NAME	19. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	20. NAME
21. CITY & STATE	22. NAME	21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	22. NAME

14. I hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature does have the same legal effect as if made under oath. If the person or persons named in this report are the officers or directors of the corporation, I also file the report as required by Chapter 607, Florida Statutes, and that my name appears on the list of those who file the report as required by said statute.

SIGNATURE:  **3-3095** **904-261-8757**

SIGNATURE AND TITLE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR