

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # 673001**

**(4)**

1. Corporation Name

**GEORGE THOMAS, M.D., P.A.**

Principal Place of Business

203 3RD AVE E.  
BRADENTON, FL 34208

Mailing Address

203 3RD AVE E.  
BRADENTON, FL 34208

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Quilted <b>06/02/1980</b>	3a. Date of Last Report <b>05/01/1994</b>
Auto, Apt. #, etc <b>22</b>	Auto, Apt. #, etc <b>27</b>	4. TIN Number <b>59-2002005</b>	5. Applied For <input type="checkbox"/> Not Applicable
City & State <b>23</b>	City & State <b>28</b>	6. Certificate of Status Issued <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip <b>24</b>	Country <b>25</b>	7. Election Campaign Finance Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>THOMAS, GEORGE 203 3RD AVE E. BRADENTON FL 34208</b>		81. Name <b>THOMAS, GEORGE</b>	10. Name and Address of New Registered Agent
		82. Street Address (P.O. Box Number is Not Acceptable) <b>2401 51 ST</b>	
		83. City <b>FL</b>	84. City <b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Board of Directors, thereby accepting the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.1508, Florida Statutes.

**SIGNATURE**

(Signature, Name or printed name of registered Agent, if different from above)

(Name of Registered Agent, if different from above)

(Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES IN OFFICERS AND DIRECTORS
TITLE <b>PD</b>	1. NAME <b>THOMAS, GEORGE</b>
NAME <b>THOMAS, GEORGE</b>	2. STREET ADDRESS <b>203 3RD AVE., E.</b>
CITY, ST, ZIP <b>BRADENTON FL</b>	3. CITY, ST, ZIP <b>2401 51 ST, 20</b>
TITLE	4. NAME <b> </b>
NAME <b> </b>	5. STREET ADDRESS <b> </b>
CITY, ST, ZIP <b> </b>	6. CITY, ST, ZIP <b> </b>
TITLE	7. NAME <b> </b>
NAME <b> </b>	8. STREET ADDRESS <b> </b>
CITY, ST, ZIP <b> </b>	9. CITY, ST, ZIP <b> </b>
TITLE	10. NAME <b> </b>
NAME <b> </b>	11. STREET ADDRESS <b> </b>
CITY, ST, ZIP <b> </b>	12. CITY, ST, ZIP <b> </b>
TITLE	13. NAME <b> </b>
NAME <b> </b>	14. STREET ADDRESS <b> </b>
CITY, ST, ZIP <b> </b>	15. CITY, ST, ZIP <b> </b>
TITLE	16. NAME <b> </b>
NAME <b> </b>	17. STREET ADDRESS <b> </b>
CITY, ST, ZIP <b> </b>	18. CITY, ST, ZIP <b> </b>
TITLE	19. NAME <b> </b>
NAME <b> </b>	20. STREET ADDRESS <b> </b>
CITY, ST, ZIP <b> </b>	21. CITY, ST, ZIP <b> </b>

14. I solemnly certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption allowed in the law. 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 a handwritten signature, that I am an officer or director of the corporation or the receiver or trustee appointed to receive this report as required by Chapter 607, Florida Statutes, and that my signature appears on Block 12 or Block 13 if handwritten, or in an attachment with the addition.

**SIGNATURE:**

BIGATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

1/12/95 8137482277  
Daytime Phone