

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**

95 JAH 18 AM 8:27

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Quilted 06/02/1980	3a. Date of Last Report 05/01/1994
Auto, Apt. #, etc 22	Auto, Apt. #, etc 27	4. TIN Number 59-2002005	5. Applied For Not Applicable
City & State 23	City & State 28	6. Certificate of Status Issued Fee Required \$8.75 Additional	7. Election Campaign Finance Trust Fund Contribution \$5.00 May Be Added to Fees
Zip 24	Country 25	8. The corporation has liability for intangible tax under s. 1001(c)(2) Florida Statutes [] Yes [] No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THOMAS, GEORGE 203 3RD AVE E. BRADENTON FL 34208		81. Name 82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City FL	85. Zip Code

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 607.0508, Florida Statutes.

SIGNATURE

(Signature, type or print name of registered Agent, if different from above)

(607.1508) Registered Agent signature required for changes

(607.1508)

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
MR NAME STREET ADDRESS CITY ST ZIP	1. NAME 1. STREET ADDRESS 1. CITY ST ZIP 2. NAME 2. STREET ADDRESS 2. CITY ST ZIP 3. NAME 3. STREET ADDRESS 3. CITY ST ZIP 4. NAME 4. STREET ADDRESS 4. CITY ST ZIP 5. NAME 5. STREET ADDRESS 5. CITY ST ZIP 6. NAME 6. STREET ADDRESS 6. CITY ST ZIP
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14. I do hereby 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 received 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 OFFICER OR DIRECTOR

1/12/95 8137482277
Date Rec'd