

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.  
AMOUNT DUE ON OR BEFORE 6/18/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED  
AND  
FILED**

94 JUL 15 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1994



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **680158** (3)

1. Corporation Name  
**ROBERT B. BOSWELL, F.A.C.C., M.D., P.A.**

Mailing Address: **2320 N. ORANGE AVE.  
C/O ROBERT B. BOSWELL  
ORLANDO FL 32804**  
Principal Place of Business: **2320 N. ORANGE AVE.  
C/O ROBERT B. BOSWELL  
ORLANDO FL 32804**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/22/1980</b>	3a. Date of Last Report <b>05/01/1993</b>
4. FEI Number <b>59-2013135</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	6. Election to Waive Franchise Fee Trust Contributions <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

If above addresses are incorrect in any way, line through incorrect information and enter correction below

21. Mailing Address	26. Principal Place of Business
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**BOSWELL, ROBERT B.  
2320 N. ORANGE AVE.  
ORLANDO FL 32804**

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 **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title of registered agent

(If Not) Registered Agent signature required when terminating

DATE

12. OFFICERS AND DIRECTORS

11. TITLE	<b>P/D</b>
12. NAME	<b>BOSWELL, ROBERT B.</b>
13. STREET ADDRESS	<b>2320 N. ORANGE AVE.</b>
14. CITY - ST - ZIP	<b>ORLANDO FL</b>
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS, IF ANY

11. TITLE	
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. 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 199.032(9)(b), 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Robert B Boswell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-94

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