

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 2:16

DOCUMENT # **680437** (1)

1. Corporation Name
MARC RICHMAN, D.O., P.A.

Principal Place of Business Mailing Address
13211 WALSINGHAM RD 13211 WALSINGHAM RD
C/O ROBERT H. KELLY C/O ROBERT H. KELLY
LARGO FL 34644 LARGO FL 34644

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suits, Apt. #, etc.		25 Suits, Apt. #, etc.		07/31/1980	02/08/1994
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-2034564	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing	\$5.00 May Be Added to Fees
				Trust Fund Contribution	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KELLY, ROBERT H. 13211 WALSINGHAM LARGO FL 34644				B1 Name	Marc Richman, D.O.		
				B2 Street Address (P.O. Box Number is Not Acceptable)	13211 Walsingham Road		
				B3			
				B4 City	FL	B5 Zip Code	34644

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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: *Marc Richman* 2/23/95 DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLY, ROBERT H	1.2 NAME		1.2 NAME			
STREET ADDRESS	13211 WALSINGHAM	1.3 STREET ADDRESS		1.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO, FL 00000	1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP			
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHMAN, MARC	2.2 NAME		2.2 NAME			
STREET ADDRESS	13211 WALSINGHAM	2.3 STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP		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 110.07(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: *Marc Richman* MARC RICHMAN 2/23/95 (313 596 0900)