

**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

APPROVED  
AND  
FILED

95 MAR 21 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **840514** (4)

1. Corporation Name  
**DR. MICHAEL D. ODLAND, P.A.**

Principal Place of Business Mailing Address  
**1730 E. NINE MILE RD.  
PENSACOLA FL 32514**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/24/1978** 3a. Date of Last Report **04/15/1994**

4. FEI Number **56-1146558** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SHERRILL, CHARLES  
435 E. GOVERNMENT ST.  
PENSACOLA FL 32501~~

81 Name **Michael Odland**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **76 Highpoint Drive**  
84 City **Gulf Breeze** FL 85 Zip Code **32561**

11. Pursuant to the provisions of Sections 607.0502 and 607.1507, Florida Statutes, the above-named corporation submits this 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 I accept the obligation of, Section 607.0705, Florida Statutes.

SIGNATURE *Michael Odland* DATE **3-17-95**

12. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>
NAME	<b>ODLAND, MICHAEL D., DR.</b>
STREET ADDRESS	<b>76 HIGHPOINT DR</b>
CITY-ST-ZIP	<b>GULF BREEZE FL</b>
TITLE	<b>VS</b>
NAME	<b>ODLAND, JODI A.</b>
STREET ADDRESS	<b>76 HIGHPOINT DR</b>
CITY-ST-ZIP	<b>GULF BREEZE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(3)(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 its receiver or liquidator; that I am empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with my signature.

SIGNATURE: X *Michael Odland* DATE **3-16-95**