

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Shirley B. Mathison  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **840514** (4)

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



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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
State, Apt. #, etc. City & State Zip Country

3. Date Incorporated or Qualified: **04/24/1978**  
3a. Date of Last Report: **03/21/1995**  
4. FFI Number: **56-1146558**  
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

9. Name and Address of Current Registered Agent

**ODLAND, MICHAEL  
76 HIGHPOINT DRIVE  
GULF BREEZE FL 32561**

10. Name and Address of New Registered Agent  
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 607.07(4) and 607.15(2), 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 accept the obligations of, Section 607.05(2), Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY, ST, ZIP  
PTD ODLAND, MICHAEL D., DR. 76 HIGHPOINT DR GULF BREEZE FL  
VS ODLAND, JODI A. 76 HIGHPOINT DR GULF BREEZE FL  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP  
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14. I do hereby certify that the information supplied with this filing is accurate, complete and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, but I am an officer or director of the corporation or the person or persons who are authorized to execute this report as provided by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes, if or on an alteration with an address.

SIGNATURE: *Jodi A. Odland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-94 9044776513

CR2E034 (12/95)