

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 APR 28 AM 10:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F21438 (9)

1. Corporation Name
EDDY FREEMAN, M.D., P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
517 RIVIERA ST. 517 RIVIERA ST.
UNIT D UNIT D
VENICE FL 34285 VENICE FL 34285
US US

3. Date Incorporated or Qualified **02/27/1981** 3a. Date of Last Report **03/04/1994**

2. Principal Place of Business 2a. Mailing Address
 21 26

4. FEI Number **59-2066054** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27

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

City & State City & State
 23 28

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

Zip Country Zip Country
 24 25 29 30

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

9. Name and Address of Current Registered Agent
FREEMAN, EDDY
211 S NOKOMIS AVE
VENICE FL 33595

10. Name and Address of New Registered Agent
 81 Name **Freeman Eddy**
 82 Street Address (P.O. Box Number is Not Acceptable) **2216 LAKEWOOD DRIVE**
 83
 84 City **NOKOMIS** FL 85 Zip Code **34275**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Eddy Freeman* **Eddy Freeman** DATE **4/24/95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	NORBY, RICHARD G
STREET ADDRESS	400 S TAMAMI TRAIL
CITY - ST - ZIP	VENICE, FL 0
TITLE	DP
NAME	FREEMAN, EDDY
STREET ADDRESS	211 S NOKOMIS AVE
CITY - ST - ZIP	VENICE, FL 0
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	DP Freeman Eddy
2.3 STREET ADDRESS	2216 LAKEWOOD DRIVE
2.4 CITY - ST - ZIP	NOKOMIS FL 34275
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)(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 hereof, or on an attachment with an address.

SIGNATURE *Eddy Freeman* **Eddy Freeman** DATE **4/24/95** 813-484-9541