

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F28683** (3)

1. Corporation Name
G. RAGAN, M.D., P.A.



Principal Place of Business Mailing Address
1830 S OSPLEY AVE SUITE 106 SARASOTA FL 34239 US

3. Date Incorporated or Qualified **04/07/1981** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 **1830 S. OSPREY AVE** 26 **1830 S. DSPREY AVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

4. FEI Number **59-2094358** 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

9. Name and Address of Current Registered Agent
**RATH, DORI A
% AMERICAN ACCOUNTING SVC. INC.
4509 BEE RIDGE RD., STE. B
SARASOTA FL 34233**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **339 6TH AVE W**
84 City **BRADENTON** FL 85 Zip Code **34205**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP RAGAN, G	<input type="checkbox"/>
NAME	6577 SUPERIOR AVE	
STREET ADDRESS	SARASOTA, FL 00000	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 NAME			
3 STREET ADDRESS	7270 NORTH LEEWYNN DRIVE		
4 CITY-ST-ZIP	SARASOTA, FL 34240		
5 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6 NAME			
7 STREET ADDRESS			
8 CITY-ST-ZIP			
9 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
10 NAME			
11 STREET ADDRESS			
12 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 if changed, or on an amendment with an address.

SIGNATURE: **X** *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7/2/96**
Daytime Phone #

CR2E034 (12/95)