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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gwenita B. Merham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F39825 (7)
1. Corporation Name
M.A. MAZPULE, M.D., P.A.

Principal Place of Business Mailing Address
**% M.A. MAZPULE
590 11TH STREET NORTH
NAPLES FL 33940** **% M.A. MAZPULE
590 11TH STREET NORTH
NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/29/1981** 3a. Date of Last Report: **05/24/1994**

2. Principal Place of Business 2b. Mailing Address
21. **1000 TAMiami TR. NO.** 26. **1000 TAMiami TR. NO.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22. **SUITE 502** 27. **SUITE 502**
City & State City & State
23. **NAPLES FL** 28. **NAPLES FL**
Zip Zip Country Country
24. **33940** 25. **U.S.A.** 29. **33940** 30. **U.S.A.**

4. FEI Number: **59-2131226** 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. 199.030, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MAZPULE, M.A.
590 11TH STREET NORTH
NAPLES FL**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): **1000 TAMiami TR. NO. SUITE 502**
83.
84. City: **NAPLES** FL 85. Zip Code: **33940**

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 agent to register a report, 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

12a. TITLE	DP
12b. NAME	MAZPULE, M A
12c. STREET ADDRESS	590 11TH STREET NORTH
12d. CITY-STATE-ZIP	NAPLES FL
12e. TITLE	STV
12f. NAME	MAZPULE, MERCEDES
12g. STREET ADDRESS	590 11TH ST. NORTH
12h. CITY-STATE-ZIP	NAPLES FL
12i. NAME	DIANA M. MAZPULE
12j. STREET ADDRESS	3433 CRAYTON RD
12k. CITY-STATE-ZIP	NAPLES, FL 33940

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12/

13a. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13b. NAME	
13c. STREET ADDRESS	3433 CRAYTON RD.
13d. CITY-STATE-ZIP	NAPLES FL 33940
13e. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13f. NAME	
13g. STREET ADDRESS	3433 CRAYTON RD
13h. CITY-STATE-ZIP	NAPLES FL 33940
13i. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13j. NAME	
13k. STREET ADDRESS	
13l. CITY-STATE-ZIP	
13m. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13n. NAME	
13o. STREET ADDRESS	
13p. CITY-STATE-ZIP	

14. I declare to be true and correct the information supplied with this filing, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 on the date that this certificate is filed. In the event of the change of the name of the corporation, I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on an attached sheet with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPE D ON PUBLIC SIDE OF BOARD OF DIRECTORS

4/23/95 (813) 262-3550