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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F46816 (7)

1. Corporation Name  
MARGARITA GELPI, M.D., P.A.

Principal Place of Business  
% MARGARITA GELPI, MD  
13701 N 30TH ST. STE 104  
TAMPA FL 33613

Mailing Address  
% MARGARITA GELPI, MD  
13701 N 30TH ST. STE 104  
TAMPA FL 33613



2. Principal Place of Business  
21 [ ]  
22 [ ]  
23 [ ]  
24 [ ] 25 [ ]  
2a. Mailing Address  
26 [ ]  
27 [ ]  
28 [ ]  
29 [ ] 30 [ ]

9. Name and Address of Current Registered Agent

GELPI, MARGARITA, MD  
13701 N 30TH ST, STE 104  
TAMPA FL 33613

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned 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 board of directors of the corporation and I, the undersigned, accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE	PD	[ ] DELETE
2. NAME	GELPI, MARGARITA	
3. STREET ADDRESS	13701 N. 30TH ST. #104	
4. CITY-STATE-ZIP	TAMPA FL	
5. TITLE		[ ] DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		[ ] DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		[ ] DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE	[ ] Change [ ] Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	[ ] Change [ ] Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	[ ] Change [ ] Addition
25. TITLE	
26. NAME	
27. STREET ADDRESS	
28. CITY-STATE-ZIP	[ ] Change [ ] Addition
29. TITLE	
30. NAME	
31. STREET ADDRESS	
32. CITY-STATE-ZIP	[ ] Change [ ] Addition
33. TITLE	
34. NAME	
35. STREET ADDRESS	
36. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct. I am an officer or director of the corporation or the registered or trustee and my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margarita Gelpi*  
MARGARITA GELPI, MD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/98  
(813) 977-4426  
DATE OF FILING

CR2E034 (12/95)