

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 # **F49319** (9)

1. Corporation Name

MID-FLORIDA SKIN CANCER CLINIC, RANDALL P. COVERMAN, M.D., P.A.



Principal Place of Business

220 N. WESTMONTE SUITE A ALTAMONTE SPRINGS FL 32714 US

Mailing Address

220 N. WESTMONTE A ALTAMONTE SPRING FL 32714 US

2. Principal Place of Business

21 State, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/07/1981

3a. Date of Last Report

04/04/1995

4. FEI Number

59-2126942

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. 193.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

COVERMAN, RANDALL B., M.D. 220 N WESTMONTE DR. STE A: ALTAMONTE SPRINGS FL 32714

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 607.0902 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 607.0905, Florida Statutes.

SIGNATURE

Signature of Registered Agent (to be typed or printed below)

Signature of Officer or Director (to be typed or printed below)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** DELETE
NAME **COVERMAN, RANDALL B.**
STREET ADDRESS **315 MENASHE CT.**
CITY-STATE-ZIP **LONGWOOD FL**

TITLE **ST** DELETE
NAME **COVERMAN, GAIL**
STREET ADDRESS **315 MENASHE CT.**
CITY-STATE-ZIP **LONGWOOD FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS (IF 12)

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP Change Addition

5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP Change Addition

9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP Change Addition

13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP Change Addition

17. TITLE Change Addition
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP Change Addition

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 successor 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 trustee 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, and in attachment with an address.

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

2/2/96 (407) 788-890

CR2E034 (12/95)