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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

SIGNATURE:

F64466

(8)

ROBERT M. DUPLIS, M.D., P.A.

trincipal Place of Business Mailing Address			. I FMITEINE TUIN BESTE ATERN ATERN ATERN	A Bell Missi Bible Albel Missi Sisti Albe
ORLANDO FL 32806 ORLANDO F	ATER CIRCLE L 32906			
US US			3. Date Incorporated or Qualified 01/21/1982	3a. Date of Last Report 02/14/1995
Principal Place of Business 2a. Mailing Add	ress		4. FEI Number	Applied F
26			59-2160627	Not Applie
Suite, Apt. #, etc. Suite, Apt. #	, etc.		5. Certificate of Status Desired	Fee Required
City & State City & State 28	ı		Election Campaign Financing     Trust Fund Contribution	S5.00 May B Addled to Fees
Zip Country Zip	Country		8. This corporation has liability for it	
25 29	30		1 10/100 01011111	No
9. Name and Address of Current Registered Agent	81	Name	10. Name and Address of New R	ladistelan whelit
DUPLIS, ROBERT M 107 COVE LAKE DRIVE LONGWOOD FL 32750	82 83 84	Street Address	<sub>SS</sub> (P.O. Box Number is Not Acceptab	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Flori or registered agent, or both, in the State of Florida. Such change was familiar with, and accept the obligations of, Section 607.0505, Florida SIGNATURE.	s authorized by the corpx a Statutes.	named corpora oration's board	TOI directors. Frieleby accept the appoint	rpose of changing its registered ointment as registered agent. I
Specifies broad by printed came of reastered arent and title if applicable	(NOTE_Registered Agen	t signature required	when reinstating)	DATE
Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agen	t signature required	when reinstatings ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
Signature, typed or printed name of registered agent and title if applicable	13.	t signature required		
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SIGNING OFFICER OR DIRECTOR

107-826-576)