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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F86499

(3)

1. Corporation Name

MITCHELL A. WEINER, M.D., P.A.



Principal Place of Business

13910 LAKE SHORE BLVD STE 140
HUDSON FL 34667

Mailing Address

13910 LAKE SHORE BLVD STE 140
HUDSON FL 34667

3. Date Incorporated or Qualified
06/23/1982

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State

23

28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TORRENCE, ALFRED W., JR.
6645 RIDGE RD.
PORT RICHEY FL 34668

81 Name ALAN GASSMAN, Esquire
82 Street Address (P.O. Box Number is Not Acceptable) GASSMAN & CONCETTA PA
83 1245 Court Street Suite 102
84 City Clearwater FL 85 Zip Code 34616

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 agree to the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature and printed name of registered agent and chief financial officer

(If not, Registered Agent Signature required when re-registering)

5/13/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WEINER, MITCHELL A
STREET ADDRESS 13910 LAKE SHORE BLVD.
CITY-STATE-ZIP HUDSON, FL 00000

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1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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5/12/96
PM

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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 813 862 3548

CR2E034 (12/95)