FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

	RPORATION JAL REPORT 1996	Secre	B. Mortham tary of State CORPORATIONS		
DOCU 1. Corporatio	MENT # F9400 (0001058 (6	6)		
CHAR	LES W. MCFATTER, M.D., P.	.A.			
Principal Place	e of Business	Mailing Address			
P.O. BOX 8	170	P.O. BOX 870			
DESTIN FL	32540	DESTIN FL 32540			
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		03/03/1994 4. FEI Number	05/26/1995 Applied For
21 26		26		64-0589696	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required
City & State	е	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7 ₁₀	Country	Zip	Country	8. This corporation has liability for	
24	[25]	29	30		No
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New F	tegistered Agent
MCFAT	TER, C W		82 Street Add	m c f-a ffer 6. I fress (P.O. Box Number is Not Acceptat	
1008 A	IRPORT ROAD, STE E			215 mountain D	i've Suite102
DESTIN	N FL 32541		83		/
			B4 City		Jee 7 C- 4.
1			54 6/49	Doctor	FI 85 Zip Code
11. Pursuant	to the provisions of Sections 607,050? a	and 607.1508, Florida Statul		Ocs 7.5 pration submits this statement for the pu	FL 3254/
11. Pursuant or registor familiar wi	to the provisions of Sections 607.0502 a red agent, or both, in the State of Florida ith, and accept the obligations of, Sectio	and 607.1508. Florida Statul a. Such change was authorz n 607.0501. Florida Statute:	es, the above named corpored by the corporation's box		rpose of changing its registered office ointment as registered agent. I am
11. Pursuant or registo familiar wi SIGNATURE	ith, and accept the obligations of, Section	n 607.09.09. Florida Statute:	es, the above named corpored by the corporation's boats.	oration submits this statement for the pu and of directors. Thereby accept the app	rpose of changing its registered office ointment as registered agent. Lam
familiar wi	to the provisions of Sections 607.0502 a red agent, or both, in the Stale of Florida ith, and accept the obligations of Section Signature, types of printed name of registeres agent a OFFICERS AND	n 607 Of Of Florida Statute:	es, the above named corpored by the corporation's box	oration submits this statement for the pu and of directors. Thereby accept the app	FL 3254/ rpose of changing its registered office of interest as registered agent. I am 45-96 DATE
SIGNATURE 12. THE	ith, and accept the obligations of, Section C. Signature, types of printed name of registered agent a OFFICERS AND PC	n 607 Of Of Florida Statute:	es, the above named corporation's boats. It Registered Agent signature requirements. 11.1111.E	oration submits this statement for the pu and of directors. Thereby accept the app ed whomens range	FL 3254/ rpose of changing its registered office ointment as registered agent. Lam 45-96 DATE
SIGNATURE 12. THEE	Signature, types of pointed name of registered agent at OFFICERS AND PC MCFATTER, CHARLES W	n 607 GFO Florida Statute: H 1) H III in applicación (No. DIRECTORS	es, the above named corporation's boats. IE: Registered Againt signature reques 13. 1 1 11°LF 12 NAME	oration submits this statement for the pu and of directors. Thereby accept the app ed whomens range	PL 3254/ rpose of changing its registered office of interest as registered agent. I am 45-96 DATE ICERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREEL ADDRESS	Suprature, types of pointed name of registered agent at OFFICERS AND PC MCFATTER, CHARLES W 4117 INDIAN BAYON NORTH	n 607 GFO Florida Statute: H 1) H III in applicación (No. DIRECTORS	es, the above named corporate by the corporation's boat. It: Registered Agent signature respect 13. 1 1 11'LE 12 NAME 13 STREET ADDRESS	oration submits this statement for the pu and of directors. Thereby accept the app ed whomens range	PL 3254/ rpose of changing its registered office of interest of the second street agent. I am 45-96 DATE ICERS AND DIRECTORS IN 12
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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 enipowered 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:

Charles W, Mc Fa ##p. 4-5-56 (504) 31-319

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

STREET ADDRESS

Charles W. Mc Fatter

4-5-96 (904) \$37-3194 Dayson Proces

CR2E034 (12/95)