

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000001058 (6)**

1. Corporation Name

CHARLES W. MCFATTER, M.D., P.A.



Principal Place of Business

P.O. BOX 870
DESTIN FL 32540

Mailing Address

P.O. BOX 870
DESTIN FL 32540

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MCFATTER, C W
1008 AIRPORT ROAD, STE E
DESTIN FL 32541**

3. Date Incorporated or Qualified

03/03/1994

3a. Date of Last Report

05/26/1995

4. FEI Number

64-0589696

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. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

McFatter, C. W.

82 Street Address (P.O. Box Number is Not Acceptable)

215 Mountain Drive, Suite 102

83

84 City

Destin

FL

85 Zip Code

32541

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 accept the obligations of, Section 607.070, Florida Statutes.

SIGNATURE

CW McFatter, MD
Signature, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when terms change)

4-5-96
DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PC
MCFATTER, CHARLES W**
STREET ADDRESS **4117 INDIAN BAYON NORTH**
CITY-ST-ZIP **DESTIN FL**

TITLE DELETE

NAME **SD
HORN, MICHAEL**
STREET ADDRESS **810 TWO TURTLE CREEK VILLAGE**
CITY-ST-ZIP **DALLAS TX**

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

CW McFatter, MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles W. McFatter

4-5-96

(904) 837-3194
Daytime Phone #

CR2E034 (12/95)