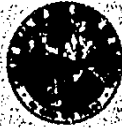


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G01494 (5)
1. Corporation Name
RAYMOND J. MCGEEHAN, D.C., P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
POST OFFICE BOX 7328 POST OFFICE BOX 7328
HUDSON FL 34674 HUDSON FL 34674

2. Principal Place of Business 2a. Mailing Address
21 **11640 ZIMMERMAN RD** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **PT. RICHEY FL** 28
Zip Country Zip Country
24 **34668** 25 **PASCO** 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
09/27/1982 **04/26/1994**
4. FEI Number Applied For:
59-2220644 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional**
Fee Required
6. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution Added to Fees
7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

MCGEEHAN, RAYMOND J 11640 ZIMMERMAN RD. PORT RICHEY FL 34668	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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEEHAN, RAYMOND J	1.2 NAME	
STREET ADDRESS	18432 LONG LAKE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 28	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raymond J. McGeehan* **RAYMOND J. MCGEEHAN** **4/21/95** **813-843-3991**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #