

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G42055**

(5)

1. Corporation Name

VICTOR L. DRAGON, M.D., P.A.



Principal Place of Business

% VICTOR L. DRAGON
34629 US 19 N
PALM HARBOR FL 34684

Mailing Address

% VICTOR L. DRAGON
34629 US 19 N
PALM HARBOR FL 34684

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

9. Name and Address of Current Registered Agent

**DRAGON, VICTOR L.
34629 US HWY 19 N
PALM HARBOR FL 34684**

3. Date Incorporated or Qualified
06/01/1983

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2293274

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

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(1), 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 Sections 607.06(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP	1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP
4. NAME 5. STREET ADDRESS 6. CITY, STATE, ZIP	4. NAME 5. STREET ADDRESS 6. CITY, STATE, ZIP
7. NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP	7. NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP
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34. NAME 35. STREET ADDRESS 36. CITY, STATE, ZIP	34. NAME 35. STREET ADDRESS 36. CITY, STATE, ZIP
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95. NAME 96. STREET ADDRESS 97. CITY, STATE, ZIP
98. NAME 99. STREET ADDRESS 100. CITY, STATE, ZIP

SIGNATURE: *V. L. Dragon MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 (813)
785-7674

CR2E034 (12/95)