

DOCUMENT # G42055			
1. Entity Name <b>VICTOR L. DRAGON, M.D., P.A.</b>			
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 34684-2152	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
DRAGON, VICTOR L. 34629 US HWY 19 N PALM HARBOR FL 34684			Name
			Street Address (F)
			City
8. The above named entity submits this statement for the purpose of changing its registered office or register:			
SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of Stat</b>	
11. OFFICERS AND DIRECTORS			
TITLE	MDDR		
NAME	DRAGON, VICTOR L	<input type="checkbox"/> Delete	
STREET ADDRESS	34629 US HWY 19 N		
CITY-ST-ZIP	PALM HARBOR FL		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12.			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sec... indicated on this report or supplemental report is true and accurate and that my signature shall have the s... of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: [Handwritten Signature] VICTOR L. DRAGON, M.D. SIGNING OFFICER OR DIRECTOR			

04-23-2000 90043 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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4-17-00 (727) 785-7674