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PROFIT
CORPORATION
ANNUAL REPORT

1996



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

APPROVED
AND
FILED

96 JAN 23 AM 9: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G60801

(9)

1. Corporation Name

ELIZABETH A. STOLL, D.O., P.A.

Principal Place of Business

C/O ELIZABETH A. STOLL
1201 5TH AVE N #303
ST. PETERSBURG FL 33705

Mailing Address

C/O ELIZABETH A. STOLL
1201 5TH AVE N #303
ST. PETERSBURG FL 33705

3. Date Incorporated or Qualified
10/01/1983

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Elizabeth A. Stoll

26 Elizabeth A. Stoll

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1201 5th Ave N Ste 400

27 1201 5th Ave N Ste 400

City & State

City & State

23 St Petersburg, FL

28 St Petersburg, FL

Zip

Country

Zip

Country

24 33705

25 Pinellas

29 33705

30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOLL, ELIZABETH A.
1201 5TH AVE N #303
ST. PETERSBURG FL 33705

81 Name

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

1201 5th Ave. N. Suite 400

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
STOLL, ELIZABETH A
2039 ILLINOIS AVE NE
ST PETERSBURG, FL 00000

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
500001008006
-02/06/96--01106--019
****200.00 ****200.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change Addition

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:

Elizabeth A. Stoll, D.O. 1/17/96
President

Daytime Phone #

CR2E034 (12/95)