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Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G68739** (3)

1. Corporation Name
E. DAVID RISCH, M.D., P.A.



Principal Place of Business: **C/O E. DAVID RISCH
ROUTE 4, BOX 260
PALATKA FL 32177-9317**

Mailing Address: **C/O E. DAVID RISCH
ROUTE 4, BOX 260
PALATKA FL 32177-9317**

3. Date Incorporated or Qualified: **11/09/1983** 3a. Date of Last Report: **03/12/1996**

4. FEI Number: **59-2314263** 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

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip Country 29. Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**RISCH, E. DAVID
ROUTE 4 BOX 260
PALATKA FL 32077**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City 85. Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: **D R** DELETE

NAME: **RISCH, E DAVID**

STREET ADDRESS: **T 4 POB 260 HWY 20**

CITY-ST-ZIP: **PALATKA, FL 00000**

TITLE: **P** DELETE

NAME: **RISCH, E DAVID**

STREET ADDRESS: **RT 4 POB 260HWY 20**

CITY-ST-ZIP: **PALATKA, FL 00000**

TITLE: **ST** DELETE

NAME: **RISCH, E. DAVID**

STREET ADDRESS: **RT 4 POB 260HWY 20**

CITY-ST-ZIP: **PALATKA, FL 00000**

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 report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 for the renewal of this fee 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 attached sheet with an address.

SIGNATURE: _____ Date: _____ Daytime Phone #: _____

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CR2E034 (9/96)