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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Marshall B. Matheson
Secretary of State
CONSTITUTIONAL CENTER BUILDING

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H33356 (7)
FRANK J. FERRIN, M.D., P.A.

1. Principal Office (Mailing Address) 3426 N. ROOSEVELT BLVD. KEY WEST FL 33040		2a. Mailing Address 3426 N. ROOSEVELT BLVD. KEY WEST FL 33040		3. Date of Incorporation (or Reincorporation) 12/10/1984	3a. Date of Last Report 03/11/1994
2. Principal Office (Physical Address) 3426 N. ROOSEVELT BLVD. KEY WEST FL 33040	2a. Mailing Address 3426 N. ROOSEVELT BLVD. KEY WEST FL 33040	4. FID Number 59-2474511	Applied For Paid Applicable		
21. State of Incorporation FL	26. State of Principal Office FL	5. Variable Rate of Sales Director <input type="checkbox"/>	\$8.75 Additional Fee Required		
22. State of Office FL	27. State of Office FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
23. State of Office FL	28. State of Office FL	8. The corporation has complied with applicable tax under the 1994 LLC Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. State of Office FL	25. State of Office FL	29. State of Office FL	30. State of Office FL		

9. Name and Address of Current Registered Agent FERRIN, FRANK J. 3426 N. ROOSEVELT BLVD. KEY WEST FL 33040	10. Name and Address of New Registered Agent 81 Name 82 Street Address (or P.O. Box) (include zip code) 83 City 84 State 85 Zip Code FL
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11. I, the undersigned, as president, secretary, treasurer, or other officer or director of the corporation, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that my signature shall be a true and correct statement of the facts as stated herein.

12. OFFICERS AND DIRECTORS DP FERRIN, FRANK J. 3426 N. ROOSEVELT BLVD. KEY WEST FL	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS 1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP CODE 6. NAME 7. STREET ADDRESS 8. CITY 9. STATE 10. ZIP CODE 11. NAME 12. STREET ADDRESS 13. CITY 14. STATE 15. ZIP CODE 16. NAME 17. STREET ADDRESS 18. CITY 19. STATE 20. ZIP CODE
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the laws of the state of Florida relating to the confidentiality of the information made available in the annual report or supplemental annual report as true and accurate and that my signature shall be a true and correct statement of the facts as stated herein.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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