

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

2 260 793 226

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H54868 (5)

1. Corporation Name

PALMA CEIA MEDICAL CLINIC, INC.



Principal Place of Business

603 MAIN STREET
P.O. BOX 1100
WINDERMERE FL 34786-1100
US

Mailing Address

603 MAIN STREET
P.O. BOX 1100
WINDERMERE FL 34786-1100
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DIZNEY, DONALD
603 MAIN STREET
WINDERMERE FL 34786

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 607.0502 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 not a director)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCS	<input type="checkbox"/> DELETE
NAME	DIZNEY, DONALD	
STREET ADDRESS	603 MAIN STREET	
CITY-STATE-ZIP	WINDERMERE FL	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	ENGLISH, JAMES E	
STREET ADDRESS	603 MAIN STR	
CITY-STATE-ZIP	WINDERMERE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARKMAN, KEVIN	
STREET ADDRESS	603 MAIN STREET	
CITY-STATE-ZIP	WINDERMERE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DELEHUNT, JANINE S.	
STREET ADDRESS	603 MAIN STREET	
CITY-STATE-ZIP	WINDERMERE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRIFFIN, DON	
STREET ADDRESS	603 MAIN STREET	
CITY-STATE-ZIP	WINDERMERE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DCs	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dizney, Donald R.	
1.3 STREET ADDRESS	603 Main Street, Windermere, FL	
1.4 CITY-STATE-ZIP		
2.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	English, James E.	
2.3 STREET ADDRESS	603 Main St., Windermere, FL	
2.4 CITY-STATE-ZIP		
3.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Barkman, Kevin	
3.3 STREET ADDRESS	603 Main St., Windermere, FL	
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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:

Janine S. Delehunt Janine S. Delehunt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

407) 876-2200

Date

Daytime Phone #

CR2E034 (12/95)