

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H61171 (5)

1. Corporation Name

DR. RIADH A. FAKHOURY, D.C., P.A.

FILED  
Feb 01, 1996 08:00 AM  
Secretary of State



Principal Place of Business

1021 SW 17 ST.  
OCALA FL 32674

Mailing Address

1021 SW 17 ST.  
OCALA FL 32674

3. Date Incorporated or Qualified

06/03/1985

3a. Date of Last Report

03/24/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FAKHOURY, DR. RIADH A.  
606 S.W. 3RD AVENUE  
OCALA FL 32670

10. Name and Address of New Registered Agent

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 of person or persons authorized to execute this statement

Signature of Registered Agent (Signature required when not a director)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE

P

DELETE

NAME

FAKHOURY, RIADH A.

STREET ADDRESS

606 S.W. 3RD AVE.

CITY-STATE-ZIP

127 S.W. 11TH ST.

TITLE

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. TITLE

11 NAME

12 STREET ADDRESS

13 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 (357) 357-3413  
Date Signature

CR2E034 (12/95)