

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

MAY 11 1994

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # **H67226** (1)  
1. Corporation Name  
**BRUCE J. THOMAS II, M.D., P.A.**

Principal Place of Business      Mailing Address  
**150 5TH AVE.  
INDIALANTIC FL 32903**      **150 5TH AVE.  
INDIALANTIC FL 32903**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/18/1985**      3a. Date of Last Report: **05/01/1994**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2575550</b>	Applied For Not Applicable
22. State Apt # etc	26. State Apt # etc	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	28. Zip	29. Country
30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**MITCHELL, BRUCE  
1825 S. RIVERVIEW DR.  
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81. Name: **JOHN KANCILIA**  
82. Street Address (P.O. Box Number, Not Acceptable): **516 N. HARBOUR CITY BLVD**  
83. City: **MELBOURNE FL** 85. Zip Code: **32905**

11. Pursuant to the provisions of Sections 607.05(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or principal place of business in the State of Florida. The change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(6), Florida Statutes.

SIGNATURE

*[Handwritten Signature]*

4-27-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	DP THOMAS, BRUCE J. II	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	751 MALIBU LANE	2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY	INDIALANTIC FL	3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		5. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. CITY		6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. CITY		9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. CITY		12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. Corporation certifies that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2), Florida Statutes. Further, certifies that the information included on this annual report or supplemental annual report is true and accurate and that the corporation shall have the same reported to the local taxing authority. That I am an officer or director of the corporation or the person or persons responsible for preparing this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report as an officer or director.

SIGNATURE:

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