SECOND NOTICE: CORPORA	TION WILL BE DISSOI	LVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96	: \$225 (IF DISSOLVED, N	Minimum amount due to reinstate: \$375.)
PROFIT CORPORATION		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham



Secretary of State

DIVISION OF CORPORATIONS

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JOHN	B. SULLIVAN, M.D., P.A.			Dartari and build and angle angle angle	II AHAN ANAH ANGU ANGU ANGU ANGU ANGU
Principal Plac	ce of Business	Mailing Address			
C/O JOHN B		C/O JOHN B. SULLIVAI 2215 NEBRASKA AVES	N STE.88 3 A		
FORT PIERCE	E FL 34950-4988	FORT PIERCE FL 34950		3. Date Incorporated or Qualified 08/05/1985	3a. Date of Last Report 06/28/1995
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2562857	U Not Applicable
Suite, Apt	#, etc	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	lo.	27			Fee Required
23 City & Stat	ic.	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Z <sub>I</sub> p	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for i	rykingibie tax under s. 199.032, Yes No
	9. Name and Address of Curi			10. Name and Address of New Re	<u> </u>
SU	ALLIVAN, JOHN B. MD		81 Name		
	15 NEBRASKA AVENUE, SUITI	E 3B	B2 Street A	ddress (P.O. Box Number is Not Acceptable	(0)
	ME # 3A		L		
FO	ORT PIERCE FL 34950		83		
			84 City		<b>85</b> Zip Code
11 Purcuset	to the provisions of Sections 607.0	500 and 607 1500 Flacida Ctar			<u> FL                                    </u>
driide brir	registered agent, or both in the Sta	ite of Florida. Such change was i	authorized by the corpoi	orporation submits this statement for line pur ration's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
agent La	to the provisions of Sections 607.0 registered agent, or both in the Sta am familiar with, and accept the obi	ite of Florida. Such change was i	authorized by the corpoi	orporation submits this statement for Inc puration's board of directors. Thereby accept	rpose of changing its registered the appointment as registered
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SIGNATURE:

rounter cetry 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, orden an attachment with an address

GNATURE:

GNATURE:

BY

GNATURE AND TYPED OR PRINTED YAME OF SIGNING OFFICER OR DIRECTOR

Date of the Corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, orden an attachment with an address

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