

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H69553 (6)

1. Corporation Name

JOHN B. SULLIVAN, M.D., P.A.



Principal Place of Business

Mailing Address

C/O JOHN B. SULLIVAN  
2215 NEBRASKA AVE., STE. 3A  
FORT PIERCE FL 34950-4888

C/O JOHN B. SULLIVAN  
2215 NEBRASKA AVE., STE. 3A  
FORT PIERCE FL 34950-4888

3. Date Incorporated or Qualified  
08/05/1985

3a. Date of Last Report  
06/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number  
59-2562857

Applied For  
☒ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SULLIVAN, JOHN B. MD  
2215 NEBRASKA AVENUE, SUITE 3B  
SUITE # 3A  
FORT PIERCE FL 34950

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's signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME SULLIVAN, JOHN B.  
STREET ADDRESS 2215 NEBRASKA AVE., #3B  
CITY-ST-ZIP FT. PIERCE FL *mistake*

TITLE ST ☒ DELETE  
NAME SULLIVAN, JOHN B.  
STREET ADDRESS 2215 NEBRASKA AVE., #3B  
CITY-ST-ZIP FT. PIERCE FL *mistake*

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE P.D. ☒ Change ☐ Addition  
12 NAME SULLIVAN, JOHN B.  
13 STREET ADDRESS 2215 NEBRASKA, # 3A  
14 CITY-ST-ZIP FT. PIERCE, FL

21 TITLE ST ☒ Change ☐ Addition  
22 NAME SULLIVAN, JOHN B.  
23 STREET ADDRESS 2215 NEBRASKA AVE. # 3A  
24 CITY-ST-ZIP FT. PIERCE, FL

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*John B. Sullivan MD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-19-96 407-231-4886  
Date Date

CR2E034 (3/96)