

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # H77110 (5)

1. Corporation Name  
**BARRY L. EFRON, D.P.M., P.A.**



Principal Place of Business Mailing Address  
**% STEVEN C. KOEGLER  
2140 KINGSLEY AVE., STE 12  
ORANGE PARK FL 32073**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified	3a. Date of Last Report
09/20/1985	04/10/1995
4. FEI Number	Applied For
59-2582217	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
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				10. Name and Address of New Registered Agent			
<b>KOEGLER, STEVEN C. 4348 SOUTHPOINT BLVD. S-203 JACKSONVILLE FL 32216</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				<b>10151 DEERWOOD PARK BLVD BUILDING 100, SUITE 200</b>			
				84 City			
				FL		85 Zip Code	
						32256	

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 \_\_\_\_\_ (NOTE: Registered Agent signature is required when changing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
	DP EFRON, BARRY L., DPM 2140 KINGSLEY AVE., S-12 ORANGE PARK FL	<input type="checkbox"/> DELETE	
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: DATE: 2/21/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ 904-278-7010

CR2E034 (12/95)