

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN -9 AM 9: 55

DOCUMENT # H91009 (1)

1. Corporation Name
DONALD W. CROWE, M.D., P.A.

Principal Place of Business Mailing Address
% DONALD W. CROWE 2708 S.E. 16TH STREET OCALA FL 32671

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/19/1985** 3a. Date of Last Report **04/06/1994**

4. FEI Number **59-2632610** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 **Donald W. Crowe** 26 **Donald W. Crowe**

Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **2610 S.E. 14th Street** 27 **2610 S.E. 14th Street**

City & State City & State
 23 **Ocala, Florida** 28 **Ocala, Florida**

Zip Country Zip Country
 24 **34471** 25 **Country** 29 **34471** 30 **Country**

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
**CROWE, DONALD W., M.D.
 2708 S.E. 16TH STREET
 OCALA FL 32671**

10. Name and Address of New Registered Agent
 81 Name **Crowe, Donald W. M.D.**
 82 Street Address (P.O. Box Number is Not Acceptable) **2610 S.E. 14th Street**
 83
 84 City **Ocala** FL 85 Zip Code **34471**

11. Pursuant to the provisions of Sections 607.0802 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 **DONALD W. CROWE (PRES)** DATE **6/6/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CROWE, DONALD W.
STREET ADDRESS	2708 S.E. 16TH STREET
CITY - ST - ZIP	OCALA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Crowe, Donald W.	
13 STREET ADDRESS	2610 SE 14th Street	
14 CITY - ST - ZIP	Ocala, Florida 34471	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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), as an attachment with an address.

SIGNATURE: **DONALD W. CROWE M.D.** DATE **6/6/95** 904351072

CR2E034 (3/95)