

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J26876** (9)
1. Corporation Name
COLON AND RECTAL SURGERY CONSULTANTS, P.A.



Principal Place of Business

Mailing Address

% HOWARD C. HERON
570 MEMORIAL CIRCLE, SUITE F
ORMOND BEACH FL 32174-5060

% HOWARD C. HERON
570 MEMORIAL CIRCLE, SUITE F
ORMOND BEACH FL 32174-5060

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

HERON, HOWARD C.
570 MEMORIAL CIRCLE
SUITE F
ORMOND BEACH FL 32174

3. Date Incorporated or Qualified	3a. Date of Last Report
08/01/1986	02/20/1995
4. FEI Number	Applied For Not Applicable
59-2696475	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
☐	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	☐ Yes ☐ No
10. Name and Address of New Registered Agent	

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City, State, Zip Code
FL	85

11. Pursuant to the provisions of Sections 607.09(2) and 607.1506, 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 607.09(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE	PD	☐ DELETE
2. NAME	HERON, HOWARD C.	
3. STREET ADDRESS	570 MEMORIAL CIRCLE	
4. CITY-STATE-ZIP	ORMOND BEACH FL	
5. TITLE		☐ DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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 registered agent approved 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 in an attachment with an address.

SIGNATURE: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 673-3307

Display of Form #

CR2E034 (12/95)