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 # **J47566** **(1)**

1. Corporation Name
DR. GILLETTE & ASSOCIATES, SOUTH TAMPA, P.A.

Principal Place of Business
7600 S DALE MABRY
7209 BRYAN DAIRY ROAD
TAMPA FL 33609
US

Mailing Address
C/O THEODORE N. GILLETTE
7209 BRYAN DAIRY ROAD
LARGO FL 34647-1505
US

3. Date Incorporated or Qualified: **12/13/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2749639** [ ] 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

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
GILLETTE, THEODORE N.
7209 BRYAN DAIRY ROAD
LARGO FL 34647

10. Name and Address of New Registered Agent
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 signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DELETE
NAME	GILLETTE, THEODORE N.	
STREET ADDRESS	7209 BRYAN DAIRY ROAD	
CITY-ST-ZIP	LARGO FL, 33777	
TITLE	DV	[ ] DELETE
NAME	SANCHEZ, RICHARD	
STREET ADDRESS	7209 BRYAN DAIRY RD.	
CITY-ST-ZIP	LARGO, FL. 33777	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	[ ] Change [X] Addition
2.2 NAME	SANCHEZ, RICHARD	
2.3 STREET ADDRESS	7209 BRYAN DAIRY RD.	
2.4 CITY-ST-ZIP	LARGO, FL. 33777	
3.1 TITLE	CFO, VP	[ ] Change [X] Addition
3.2 NAME	NICHOLAS, ARFARAS	
3.3 STREET ADDRESS	7209 BRYAN DAIRY RD.	
3.4 CITY-ST-ZIP	LARGO, FL. 33777	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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: VP NICHOLAS M. ARFARAS 7/25/96 (813) 545-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #