

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 JUN 27 AM 10:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # **J53247** (9)
 1. Corporation Name
BONNIE L. HUBICZ, D.O., P.A.

Principal Place of Business Mailing Address
% BONNIE L. HUBICZ
210 JUPITER LAKES BLVD. SUITE 206
JUPITER FL 33458

3. Date Incorporated or Qualified **01/20/1987** 3a. Date of Last Report **03/08/1995**
 4. FEI Number **59-2786911** 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 2a. Mailing Address
 21 **111 PHEASANT DRIVE** 26 **111 PHEASANT DRIVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
PITTSBURG, PA **PITTSBURG, PA**
 Zip Country Zip Country
 24 **15238** 25 Country 29 **15238** 30 Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
HUBICZ, BONNIE L.
210 JUPITER LAKES BOULEVARD
SUITE 206
JUPITER FL 33458
 81 Name **BONNIE L. HUBICZ**
 82 Street Address (P.O. Box Number is Not Acceptable) **873 Maria Moore Lane**
 83
 84 City **Palm Beach Gard FL** 85 Zip Code **33412**

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 *Bonnie Hubicz* DATE **3/31/97**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBICZ, BONNIE L.	1.2 NAME	HUBICZ, BONNIE L.
STREET ADDRESS	210 JUPITER LAKES BLVD	1.3 STREET ADDRESS	111 PHEASANT DRIVE
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	PITTSBURG, PA
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBICZ, BONNIE L.	2.2 NAME	HUBICZ, BONNIE L.
STREET ADDRESS	210 JUPITER LAKES BLVD	2.3 STREET ADDRESS	111 PHEASANT DRIVE
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	PITTSBURG, PA
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	500002228805-9
STREET ADDRESS		3.3 STREET ADDRESS	-07/02/97-01043-004
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****365.00 ****365.00
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bonnie Hubicz*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

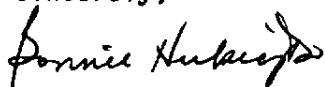
June 20, 1997

To Whom It May Concern,

I am writing this letter to inform you that I have had difficulty with getting my mail due to my move up North. I had sold my private practice in June 1995, and taken a position with the VA. I had then been transferred to Pittsburgh. I had sent my Annual Report in for 1996 and this was sent in late due to this complication regarding my mail and move, and I was told that I would need to reinstate my corporation. I have discussed this further with Mr. Andy Dunlop today and he informs me that I should send in \$200 for 1996 and \$165 for 1997. He also informed me that this would keep me current with the status of my corporation. I also informed him that I did not receive a form for 1997 as yet and as per his instructions, I have enclosed the 1996 form and a check for \$365.00. I plan to dissolve the corporation some time this year.

I appreciate your help and cooperation regarding this matter and if you have any further questions, please do not hesitate to contact me.

Sincerely,



Bonnie L. Hubicz, D.O.
111 Crofton Drive
Pitts., PA 15238
(412) 968-0627