

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J67423** (0)

1. Corporation Name
JON FRANKEL, M.D., P.A.



Principal Place of Business: **% JON FRANKEL, M.D. 407-B WEST HIGHLAND BLVD INVERNESS FL 34452 US**

Mailing Address: **% JON FRANKEL, M.D. 407-B WEST HIGHLAND BLVD. INVERNESS FL 34452 US**

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

2a. Mailing Address: [26] State, Apt. #, etc.; [27] City & State; [28] Zip; [29] Country

3. Date Incorporated or Qualified: **04/14/1987**

3a. Date of Last Report: **04/19/1995**

4. FEI Number: **59-2775377** 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

9. Name and Address of Current Registered Agent

**FRANKEL, DEBORAH O.
5130 S POINTE DR.
INVERNESS FL 32650**

10. Name and Address of New Registered Agent

81 Name: _____

82 Street Address (P.O. Box Number is Not Acceptable): _____

83 _____

84 City: _____

85 Zip Code: **FL** _____

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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. Said change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature for provisions of Sections 607.0502 and 607.1502, Florida Statutes

Signature for provisions of Sections 607.0502 and 607.1502, Florida Statutes

DATE

12. OFFICERS AND DIRECTORS

1. TITLE: **DP**

2. NAME: **FRANKEL, JON M.D.**

3. STREET ADDRESS: **407 B. HIGHLAND BLVD.**

4. CITY, STATE, ZIP: **INVERNESS 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: _____

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: _____

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 or change 1 or on an attachment with an address.

SIGNATURE: *Jon Frankel M.D.* **Jon Frankel** **FEB 07 1996** **904 3448644**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)