


FILED

Jan 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # K02026</b>		<b>(8)</b>	
<b>1. Corporation Name</b> <b>JOHN A. KINGSBURY, M.D., P.A.</b>			
<b>Principal Place of Business</b> <b>% JOHN A. KINGSBURY</b> <b>5960 CENTRAL AV. SUITE E</b> <b>ST. PETERSBURG FL 33707</b>		<b>Mailing Address</b> <b>% JOHN A. KINGSBURY</b> <b>5960 CENTRAL AV. SUITE E</b> <b>ST. PETERSBURG FL 33707-1645</b>	
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>	Suite, Apt #, etc.	<b>26</b>	Suite, Apt #, etc.
<b>22</b>	City & State	<b>27</b>	City & State
<b>23</b>	Zip	<b>28</b>	Zip
<b>24</b>	Country	<b>29</b>	Country
<b>9. Name and Address of Current Registered Agent</b>			
<b>KINGSBURY, JOHN A.</b> <b>14434 TANGLEWOOD DR</b> <b>LARGO FL 34844</b>			<b>81</b> Name
			<b>82</b> Street Address
			<b>83</b>
			<b>84</b> City
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505 Florida Statutes.</b>			
<b>SIGNATURE</b> <small>Sign above, typed or printed name of the officer or director, agent and state, if applicable. (NOTE - Registered Agent signature required)</small>			
<b>12. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> DELETE	<b>13.</b>
<b>NAME</b>	<b>KINGSBURY, JOHN A.</b>		<b>1.1 TITLE</b>
<b>STREET ADDRESS</b>	<b>14434 TANGLEWOOD DR</b>		<b>1.2 NAME</b>
<b>CITY-ST-ZIP</b>	<b>LARGO FL</b>		<b>1.3 STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>1.4 CITY-ST-ZIP</b>
<b>NAME</b>			<b>2.1 TITLE</b>
<b>STREET ADDRESS</b>			<b>2.2 NAME</b>
<b>CITY-ST-ZIP</b>			<b>2.3 STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>2.4 CITY-ST-ZIP</b>
<b>NAME</b>			<b>3.1 TITLE</b>
<b>STREET ADDRESS</b>			<b>3.2 NAME</b>
<b>CITY-ST-ZIP</b>			<b>3.3 STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>3.4 CITY-ST-ZIP</b>
<b>NAME</b>			<b>4.1 TITLE</b>
<b>STREET ADDRESS</b>			<b>4.2 NAME</b>
<b>CITY-ST-ZIP</b>			<b>4.3 STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>4.4 CITY-ST-ZIP</b>
<b>NAME</b>			<b>5.1 TITLE</b>
<b>STREET ADDRESS</b>			<b>5.2 NAME</b>
<b>CITY-ST-ZIP</b>			<b>5.3 STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>5.4 CITY-ST-ZIP</b>
<b>NAME</b>			<b>6.1 TITLE</b>
<b>STREET ADDRESS</b>			<b>6.2 NAME</b>
<b>CITY-ST-ZIP</b>			<b>6.3 STREET ADDRESS</b>
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>6.4 CITY-ST-ZIP</b>
<b>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, on an attachment with an address.</b>			
<b>SIGNATURE:</b>		<b>JOHN A. KINGSBURY MD</b>	
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>			



CR2E034 (9/96)