

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 23 AM 10:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K37597 (7)

1. Corporation Name

MONTGOMERY AND ROSEBROUGH, M.D., P.A.

Principal Place of Business

**830 MEDICAL COURT EAST
INVERNESS FL 34452-1617**

Mailing Address

**830 MEDICAL COURT EAST
INVERNESS FL 34452-1617**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/10/1988

3a. Date of Last Report

02/23/1994

4. FEI Number

59-2916602

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.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**MONTGOMERY, DAN G. M.D.
830 MEDICAL COURT EAST
INVERNESS FL 34452**

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 **0**
NAME **MONTGOMERY, DAN G.**
STREET ADDRESS **830 MEDICAL CT. E.**
CITY-ST-ZIP **INVERNESS FL**

TITLE **0**
NAME **ROSEBROUGH, CARL W.**
STREET ADDRESS **830 MEDICAL CT E.**
CITY-ST-ZIP **INVERNESS FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for an exemption under Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct. I 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 thereof; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

DAN MONTGOMERY, M.D.

Date

904/726-6633