

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K63306** (0)
1. Corporation Name
DANIEL E. SHARKEY, M.D., P.A.



Principal Place of Business: **844 E. OCEAN BLVD. STUART FL 34994 US**
Mailing Address: **844 E. OCEAN BLVD. SUITE 400 - 201 STUART FL 34994 US**

2. Principal Place of Business: 21. State, Apt. #, etc. 22. City & State. 23. Zip. 24. Country. 25. Country.
2a. Mailing Address: 26. **844 E. OCEAN BLVD** 27. State, Apt. #, etc. 28. **STUART FL** 29. **34994** 30. **MARTIN**

3. Date Incorporated or Qualified: **02/03/1989** 3a. Date of Last Report: **01/26/1995**
4. FEI Number: **65-0095341** 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

**SHARKEY, DANIEL E.
844 E. OCEAN BLVD.
STUART FL 34994**

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 607.1503, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

12.1	<input type="checkbox"/> DELETE	P	SHARKEY, DANIEL E. 844 E. OCEAN BLVD. STUART FL
12.2	<input type="checkbox"/> DELETE		
12.3	<input type="checkbox"/> DELETE		
12.4	<input type="checkbox"/> DELETE		
12.5	<input type="checkbox"/> DELETE		
12.6	<input type="checkbox"/> DELETE		
12.7	<input type="checkbox"/> DELETE		
12.8	<input type="checkbox"/> DELETE		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
13.2	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
13.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
13.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
13.5	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
13.6	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
13.7	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
13.8	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

14. I do hereby certify that the information signed 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 as required, or as an attachment with an address.

SIGNATURE: *Daniel E. Sharkey* DANIEL E. SHARKEY MD 2-13-96 407 220-8459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E034 (12/95)