

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 11:43

DOCUMENT # **K75876** (8)

1. Corporation Name
MR., P.A.

Principal Place of Business Mailing Address
801 E DIXIE AV 104 **801 E DIXIE AV 104**
LEESBURG FL 34748-7600 **LEESBURG FL 34748-7600**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/28/1989** 3a. Date of Last Report **02/01/1994**
4. FBI Number **59-2943826** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
GELFAND, PHILIP N M.D.
801 E. DIXIE AVENUE
SUITE 104
LEESBURG FL 34748

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 re-electing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELFAND, PHILIP N., M.D.	1.2 NAME	
STREET ADDRESS	801 E. DIXIE AVE., #104	1.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, CATHRINE M	2.2 NAME	
STREET ADDRESS	801 E. DIXIE AVE., #104	2.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLLIN, ERNEST M.D.	3.2 NAME	
STREET ADDRESS	801 E. DIXIE AVE., #104	3.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDI, JAMES G. M.D.	4.2 NAME	Needs to be deleted.
STREET ADDRESS	801 E. DIXIE AVE., #104	4.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	
NAME	LEVINE, MICHAEL S. M.D.	5.2 NAME	
STREET ADDRESS	801 E. DIXIE AVE., #104	5.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL	5.4 CITY - ST - ZIP	
TITLE		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 110.07(3)(b), 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 receiving trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13, City, St., or on an attachment to an addition.

SIGNATURE: *Philip Gelfand M.D.* 7-30/95 987-5858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Typed Name #)