

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 09 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # K75876 (8)

1. Corporation Name
M.R., P.A.



DO NOT WRITE IN THIS SPACE

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

Mailing Address
**801 E DIXIE AV 104
LEESBURG FL 34748-7600**

3. Date Incorporated or Qualified
03/28/1989

4. FEI Number
59-2943826

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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
KELLER, CATHRINE E.

82 Street Address (P.O. Box Number is Not Acceptable)
801 E. DIXIE AVE #104

83

84 City
LEESBURG

85 Zip Code
FL 34748

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 *X Cathrine Keller* **Cathrine E. Keller** **3/13/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, CATHRINE M	2.2 NAME	KELLER, CATHRINE E., M.D.
STREET ADDRESS	801 E. DIXIE AVE., #104	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	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	T <input type="checkbox"/> DELETE	4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, MICHAEL S. M.D.	4.2 NAME	LEVINE, MICHAEL S. M.D.
STREET ADDRESS	801 E. DIXIE AVE., #104	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	GURINSKY, JOSEPH S., M.D.
STREET ADDRESS		5.3 STREET ADDRESS	801 E. DIXIE AVE, #104
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LEESBURG, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	WEYN, DAVID C., M.D.
STREET ADDRESS		6.3 STREET ADDRESS	801 E. DIXIE AVE, #104
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LEESBURG, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: *X Cathrine Keller* **Cathrine E Keller, M.D** **3/13/98 (352) 787-5858**

CP2E034 (10/97)