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FILED

Feb 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K99180

(7)

1. Corporation Name

MICHAEL E. HOWARD, PHD, P.A.

Principal Place of Business

Mailing Address

~~3800 SOUTH POST OAK AVE.  
NEW ORLEANS LA 70131~~

~~3800 SOUTH POST OAK AVE.  
NEW ORLEANS LA 70131-0412~~



2. Principal Place of Business

2a. Mailing Address

21 2721 OAK HAVEN DRIVE  
Suite, Apt #, etc.

26 2721 OAK HAVEN DRIVE  
Suite, Apt #, etc.

22 City & State

27 City & State

23 SAN MARCOS, TEXAS

28 SAN MARCOS, TEXAS

24 78666

25 HAYS

29 78666

30 HAYS

9. Name and Address of Current Registered Agent

QUINLAN, JOHN V  
233 15TH STREET WEST  
BRADENTON FL 34205

3. Date Incorporated or Qualified

06/30/1989

3a. Date of Last Report

02/06/1996

4. FEI Number

65-0126947

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

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

*Michael E. Howard, PhD, P.A.*

MICHAEL E. HOWARD, PHD, P.A.

2/15/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME HOWARD, MICHAEL E  
STREET ADDRESS ~~3800 SOUTH POST OAK AVE.~~  
CITY-ST-ZIP ~~NEW ORLEANS LA 70131~~

TITLE D ☐ DELETE  
NAME DAVIS, NANCY R  
STREET ADDRESS ~~3800 SOUTH POST OAK AVE.~~  
CITY-ST-ZIP ~~NEW ORLEANS LA 70131~~

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 2721 OAK HAVEN DRIVE  
1.4 CITY-ST-ZIP SAN MARCOS, TEXAS 78666

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 2721 OAK HAVEN DRIVE  
2.4 CITY-ST-ZIP SAN MARCOS, TEXAS 78666

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

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

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

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

14. I do 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 of this annual report or supplemental annual report.

SIGNATURE:

*Michael E. Howard, PhD, P.A.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/97

(514) 553-8535

CR2E034 (9/96)