

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L02161 (2)**

1. Corporation Name  
**LANCASTER WHITAKER OFFICE, P.A.**



Principal Place of Business Mailing Address  
**410 JACKSONVILLE DRIVE JACKSONVILLE BEACH FL 32250**

3. Date Incorporated or Qualified <b>07/13/1989</b>	3a. Date of Last Report <b>02/22/1995</b>
4. FEI Number <b>59-2953552</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip
25. Country	29. Country

9. Name and Address of Current Registered Agent

**LANCASTER, STEVEN J.  
410 JACKSONVILLE DR  
JACKSONVILLE BEACH FL 32250**

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
				<b>FL</b>

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Steven Lancaster* **STEVEN LANCASTER, MD** **1-26-96**  
Signature typed in block of registrant or agent if not applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PVT</b>	<input type="checkbox"/> DELETE
NAME	<b>LANCASTER, STEVEN M.D.</b>	
STREET ADDRESS	<b>410 JACKSONVILLE DRIVE</b>	
CITY - ST - ZIP	<b>JACKSONVILLE BEACH FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITAKER, DALE M.D.</b>	
STREET ADDRESS	<b>410 JACKSONVILLE DRIVE</b>	
CITY - ST - ZIP	<b>JACKSONVILLE BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	<b>✓</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>S, T</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>EDWARD YOUNG, MD.</b>	
3.3 STREET ADDRESS	<b>410 JACKSONVILLE DRIVE</b>	
3.4 CITY - ST - ZIP	<b>JACKSONVILLE BEACH, FL</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	<b>300001746523</b>	
5.4 CITY - ST - ZIP	<b>-03/18/96--01033--024</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP	<b>***200.00</b>	

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 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 if changed, or on an amendment with an address.

SIGNATURE: *Steven Lancaster* **STEVEN LANCASTER, MD** **1-26-96** **904-241-1204**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)