

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L58180 (5)

1. Corporation Name

HEMORRHOID CLINICS OF FLORIDA, INC.



Principal Place of Business

Mailing Address

%MICHAEL J. WILEY
3901 HENDERSON BLVD.
TAMPA FL 33629-5015

%MICHAEL J. WILEY
3901 HENDERSON BLVD.
TAMPA FL 33629-5015

3. Date Incorporated or Qualified

03/12/1990

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

4. FEI Number

59-2995589

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

10. Name and Address of New Registered Agent

MICHAEL J. WILEY, M.D.
3901 HENDERSON BLVD.
TAMPA FL 33629-5015

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WILEY, MICHAEL J.
3901 HENDERSON BLVD.
TAMPA FL
DELETED
D
WILEY, M.D. MICHAEL J
3901 HENDERSON BLVD.
TAMPA FL
DELETED
DELETED
DELETED
DELETED
DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
Change Addition
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
Change Addition
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
Change Addition
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
Change Addition
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
Change Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
Change Addition

100001777771
-04/12/96--01011--023
***200.00

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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Wiley, M.D.

3/27/96

8/3-287-2438
SF 4-11-96

CR2E034 (12/95)