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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

ANNUAL REPORT 1996 L67064 **DOCUMENT #** 

(0)

GREGORY D. HICKS, M.D., P.A.- PLASTIC & RECONSTR **UCTIVE SURGERY** 

Principal Place of Business C/O CHERYL L. GORDON ESQUIRE 3801 BEE RIDGE RD.. SUITE 1 SARASOTA FL 34233

Mailing Address

C/O CHERYL L. GORDON ESQUIRE 3801 BEE RIDGE RD.. SUITE 1 SARASOTA FL 34233



SANASUTA PL 39233			SHINOUTH FL SHEOS			3. Date Incorporated or Qualified 04/23/1990 3a. Date of Last Report 04/25/1995				
<b>2.</b> Piancip	al Place of Busines	·s	2a. Mailing Address				4. FEI Number	•	<u> </u>	pplied For
i		26	5			65-0187795	····		lot Applicable	
Suite, A	Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired	Certificate of Status Desired S8.75 Additional Fee Required			
	City & State City & State						6. Election Campaign Financing			May Be
3]			28	···			Trust Fund Contribution			to Fees
Zip	ļ.	Country	Zip	— <del>—</del>	Country		8. This corporation has liability for i		x under s	199.032,
<u> </u>	1.5	15	29	30	Florida Statutes Yes No  10. Name and Address of New Registered Agent					
	9. Name a	and Address of Current	Hegisterea Agent		81	Name	10. Name and Address of New I	egistered i	April	
HICKE CDECODY D. M.D.										
HICKS, GREGORY D., M.D. 3801 BEE RIDGE ROAD SUITE 1 SARASOTA FL 34233					82 Street Address (P.O. Box Number is Not Acceptable)					
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					63					
					84	City		<b>F</b> 1	<b>85</b> Zip	Code
							ation submits this statement for the pur	<u> </u>	للل	
tamili SIGNATU	H-4F	t the obligations of, Section printed name of registered agents			stered Agent	signature required		DATE		
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SIGNATURE:

OFFICER OR DRECTOR Gregory D. Hicks, mo 2-1-96 (941) 925368