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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L67064

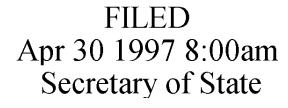
(0)

GREGORY D. HICKS, M.D., P.A.- PLASTIC & RECONSTRUCTIVE SURGERY

Principal Place of Business

Mailing Address

C/O CHERYL L. GORDON ESOUIRE 3801 BEE RIDGE RD.. SUITE 1 SADASOTA E: 34222 C/O CHERYL L. GORDON ESQUIRE 3801 BEE RIDGE RD., SUITE 1 SARASOTA FL 34233-1164





SARASOTA FL	34233		SARAS	SARASOTA FL 34233-1164				_					
								;	3. Date Incorporated or Qualified 04/23/1990	3a. Date of 02/06/		report	
	lace of Busin	2a. M	2a. Mailing Address				- 1	4. FEI Number			oplied For		
21		26						65-0187795 Not Applicable					
Sulte, Apt.	#, etc.	Sı	Suite, Apt. #, etc.				١.	5. Certificate of Status Desired	\$		Additional		
22				27					or our mode of olding besided		Fee R	equired	
City & Stat	е	\vdash	City & State				(6. Election Campaign Financing			Мау Ве		
Zip	Country								Trust Fund Contribution		Added to Fees		
	├ - ¬ ′						1	1	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ✓ Yes ☐ No				
24	9 Name	25 and Address of Curre	29 ent Register	ed Agent	30	Т			Florida Statutes 2 Name and Address of New Re				
HICK		* * * * * * * * * * * * * * * * * * * *	on riogister	ou rigott		81	Name		U. Name and Address of New He	Ristolen Who			
HICKS, GREGORY D., M.D. 3801 BEE RIDGE ROAD													
SUITE 1				82 Street Ad			Address	ddress (P.O. Box Number is Not Acceptable)					
SARASOTA FL 34233				83									
Ora u	1001511	J1200											
						84	City			FL 8		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 prefiled name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE													
12.	-	OFFICERS A	ND DIRECTO		13.				ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	ECTOR	IS IN 12	
TITLE	DPST			DELETE	1.1	TITLE					Change	Addition	
NAME		regory D. M.D.			1.21	NAME							
STREET ADDRESS	3801 BEE		1.3 \$			ADDRESS							
CITY-ST-ZIP	SARASOT	A FL			1.4 (CITY - S	T- 21P						
TITLE	ST			☐ DELETE	2.11	11TL {					Change	☐ Addition	
NAME	HICKS, G	REGORY D., M.D.			2.21	NAME							
STREET ADDRESS	3801 BEE		2.3			2.3 STREET ADDRESS							
CITY-ST-ZIP	SARASOT	A FL			2. 4	CITY - S	31-7IP						
TITLE				DELETE	3.1 3	TITLE	1			L	Change	☐ Addition	
NAME					3.21	NAME							
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP				DUETE		CITY-S	S1 - 71P				^		
TITLE				☐ DÉLETE	4.1 T					L	Change	Addition	
NAME						NAME							
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP TITLE				DELETE		DITY-S	T-ZIP				01	T 1 (3.00	
- 1				L'I DETET	511					LJ	Change	☐ Addition	
NAME OTDECT ADDRESS					1	NAME							
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP TITLE				DELETE		CITY-S	1 · ZIP		·· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME				L Deteit	6.11						Change	☐ Addition	
						NAME	IDDDEGG						
STREET ADDRESS							ADDRESS					ļ	
CITY-ST-ZIP					6.4 (CITY-S	I-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 if changed, or on an attachment with an address.

The state of the s