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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	MEN 1 # P920 Name ABETH V. BRINKLEY, M.D	,, P.A.	?)		
Principal Place of Business		Mailing Address		r inminnt, ten ihaten billet datin berein alleit	BOENT ODESE ONNY DEGLO ONES INT 1021
1307 MICCOSUKEE ROAD TALLAHASSEE FL 32308		1307 MICCOSUKEE R TALLAHASSEE FL 323			
				11/20/1992	Date of Last Report 04/17/1995
2. Principal Pla 21		2a, Mailing Address 26		4. FEI Number 59-3151034	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt # etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζιρ	Country 30	8. This corporation has liability for intangit: Florida Statutes Yes No.	le tax under s. 199.032.
	9. Name and Address of Curre	anno anno an Indiana anno anno anno anno anno anno anno		10. Name and Address of New Register	
			81 Name		
GRUVER, MICHAEL L 1353 E LAFAYETTE ST			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	HASSEE FL 32302		B3		
1174	WWOOLE ! E OESOE		84 Otv		os Zu Cada
			84 Orty	1	85 Zip Code
or registere familiar with SIGNATURE	ed agent, or both, in the State of Fir, h, and accept the obligations of, Se Signature, typed or printed name of registered age	rida. Such change was authorized chon 607.0505, Florida Statutes.	by the corporation's boar		it as registered ägent. I ani
12. TITLE	OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change
NAME	Brinkley, Elizabeth V		1.2 NAME		C o la igi.
STREET ADDRESS	478 TEAL LANE		1.3 STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE FL 32308		1.4 CIFY - ST - ZIFI		
TITLE		□ DELETE	2 1 10116		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS 2.4 City - St - Zip		
CITY-ST-ZIP TITLE		DELETE	3 1 1111.6		Change [] Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADORESS		
CITY-ST-ZIP			3.4.City - St - ZiP		
TITLE		☐ DELETE	4 1 THE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		ED OUT II	4.4 C+TY - ST - Z+P		D.05
TITLE		☐ DETELE	5 1 704 6		Change Addition.
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CHTY-ST-ZIP TITLE		DELETE	54 CITY - ST - ZIP 6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy 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

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Like Output Description of the corporation of the corporation

6.4 CHY-ST-ZIP