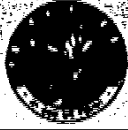


**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 7:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P92000009076 (0)**

1. Corporation Name  
**DAVID CARR, M.D., P.A.**

Principal Place of Business      Mailing Address  
**3849 OAKWATER CIRCLE      3849 OAKWATER CIRCLE  
ORLANDO FL 32806              ORLANDO FL 32806**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/02/1992                                  03/30/1994**

2. Principal Place of Business      2a. Mailing Address  
21    26

4. FEI Number      Applied For  
**59-3148994                                  Not Applicable**

22 Suite Apt # etc      27 Suite Apt # etc

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

23 City & State      28 City & State

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

24      25      29      30

8. This corporation has liability for intangible tax under Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**CLIFFORD, W M  
200 SO ORANGE AVE  
STE 3000  
ORLANDO FL 32801**

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 **FL**

11. Pursuant to the provisions of Sections 607.022 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]*      5/1/95

12. OFFICERS AND DIRECTORS

|                |                      |
|----------------|----------------------|
| TITLE          | PD                   |
| NAME           | CARR, W. D           |
| STREET ADDRESS | 3849 OAKWATER CIRCLE |
| CITY, ST, ZIP  | ORLANDO FL           |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY, ST, ZIP  |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY, ST, ZIP  |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY, ST, ZIP  |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY, ST, ZIP  |                      |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |   |
|-------------------|---|
| 14 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15 NAME           |   |
| 16 STREET ADDRESS |   |
| 17 CITY, ST, ZIP  |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY, ST, ZIP  |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY, ST, ZIP  |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY, ST, ZIP  |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY, ST, ZIP  |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 CITY, ST, ZIP  |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and deemed qualified for the description stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 applicable, on an attachment with an address.

SIGNATURE: *[Signature]*      David Carr, MD 5/1/95 407 859-7239