

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 # P92000009115 (6)

1. Corporation Name

S. CORNELIA FRANZ, M.D., INC.



Principal Place of Business

1414 KUHLE AVE.  
ORLANDO FL 32806

Mailing Address

1414 KUHLE AVE.  
ORLANDO FL 32806

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

29

32806

30

Country

90 PAUL GOLDSTEIN  
1414 KUHLE AVENUE  
ORLANDO FL

3. Date Incorporated or Qualified

12/02/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3151848

Applied For

Not Applicable

ertificate of Status Desired

☐

\$8.75 Additional  
Fee Required

lection Campaign Financing  
rust 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

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HODGES, KARL  
1414 KUHLE AVE.  
ORLANDO FL 32806

81

Name

82

83

84 City

PAUL GOLDSTEIN  
1414 KUHLE AVENUE  
ORLANDO FL

FL

85 Zip Code

32806

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations in Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(If title Registered Agent signature required when reappointing)

4/26/96  
DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
STRACK, J. GARY  
1414 KUHLE AVE.  
ORLANDO FL 32806

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD  
HILLENMEYER, JOHN  
1414 KUHLE AVE.  
ORLANDO FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD  
HODGES, KARL  
1414 KUHLE AVE.  
ORLANDO FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

PD  
JOHN HILLENMEYER  
1414 KUHLE AVENUE  
ORLANDO FL

☒ Change ☐ Addition

D  
JOHN BOZARD  
1414 KUHLE AVENUE  
ORLANDO FL

☐ Change ☒ Addition

D  
GARRY SINGLETON  
1414 KUHLE AVENUE  
ORLANDO FL

☐ Change ☒ Addition

TD  
PAUL GOLDSTEIN  
1414 KUHLE AVENUE  
ORLANDO FL

☐ Change ☒ Addition

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

4/26/96  
DATE

(407) 841-5131  
Office Phone #

CR2E034 (12/95)