

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

2-7-95 P-1113-C

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 AM 11:40

DOCUMENT # **P92000009149 (5)**

1. Corporation Name

JOHN FRASER, P.A.

Principal Place of Business

11200 SEMINOLE BLVD
SUITE 103
LARGO FL 34642

34648

Mailing Address

11200 SEMINOLE BLVD
SUITE 103
LARGO FL 34642

34648

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/01/1992**
3a. Date of Last Report: **10/04/1994**

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number
59-3152348

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**

23

27

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24

Country

28

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GASSMAN, ALAN S ESQ.
1245 COURT ST.
SUITE 102
CLEARWATER FL 34616

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D**
NAME: **FRASER, JOHN M.D.**
STREET ADDRESS: **11200 Seminole Blvd**
1345 WEST BAY DR., SUITE 201
CITY - ST - ZIP: **LARGO FL 34640**
#103
Largo FL 34648

1. TITLE Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

12 NAME

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

13 STREET ADDRESS

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CITY - ST - ZIP:

14 CITY - ST - ZIP

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21 TITLE Change Addition

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22 NAME

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24 CITY - ST - ZIP

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31 TITLE Change Addition

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32 NAME

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33 STREET ADDRESS

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34 CITY - ST - ZIP

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41 TITLE Change Addition

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42 NAME

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44 CITY - ST - ZIP

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51 TITLE Change Addition

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52 NAME

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53 STREET ADDRESS

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54 CITY - ST - ZIP

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61 TITLE Change Addition

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62 NAME

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63 STREET ADDRESS

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64 CITY - ST - ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-95

813 398 0600