

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 FEB 20 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000013376 (8)**

1. Corporation Name

DAVID C. ROGERS, PHD & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 7777 131 STREET SUITE 4 SEMINOLE FL 34646	Mailing Address 7777 131 STREET SUITE 4 SEMINOLE FL 34646
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3. Date Incorporated or Qualified 12/21/1992	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business 21 7777 131 ST. Suite, Apt. #, etc. 22 SUITE 4 City & State 23 SEMINOLE, FLA Zip 24 34646 Country 25 U.S.A.	2a. Mailing Address 26 7777 131 ST Suite, Apt. #, etc. 27 SUITE #4 City & State 28 SEMINOLE, FLA Zip 29 34646 Country 30 U.S.A.
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4. FEI Number 59-3172998	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROGERS, DAVID C DR
7777 131 ST. #4
SEMINOLE FL 34646**

10. Name and Address of New Registered Agent

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 *Dr. David C. Rogers* **February 20, 1995**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROGERS, DAVID C
STREET ADDRESS	7777 131 STREET - SUITE #4
CITY - ST - ZIP	SEMINOLE FL 34646
TITLE	V
NAME	COMPANETTO, A J → COMPARETTO, A.J.
STREET ADDRESS	360 CENTRAL AVENUE
CITY - ST - ZIP	ST. PETERSBURG FL 33701
TITLE	V
NAME	FARROW, ROSEMARY
STREET ADDRESS	7777 131 STREET
CITY - ST - ZIP	SEMINOLE FL 34646
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 in my own hand; 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: *Dr. David C. Rogers* **2/20/95** **(813) 391-7470**