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 # **P93000002107 (9)**

1. Corporation Name

MICHAEL K. BRINSON, D.O., P.A.

Principal Place of Business:

252 WEST MARION AVENUE
PUNTA GORDA FL 33950

Mailing Address:

252 WEST MARION AVENUE
PUNTA GORDA FL 33950

3. Date Incorporated or Qualified: **01/06/1993**

3a. Date of Last Report: **04/27/1995**

4. FEI Number: **59-1365533** ☐ Applied For ☐ Not Applicable

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

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

8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 24 County 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 County 30

9. Name and Address of Current Registered Agent

OAKS, DAVID K
252 WEST MARION AVENUE
PUNTA GORDA FL 33950

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 Section 607.1505, Florida Statutes, the undersigned 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 DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PDTS
BRINSON, MICHAEL K. D
2885 TAMIAMI TRAIL
PT. CHARLOTTE FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

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

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

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

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

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

14. I do hereby certify that the information contained with this report is true, accurate and complete as of the date of this report, 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 above, or on an attachment with an arrow.

SIGNATURE: [signature] 4/14/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)