

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P93000004359 (4)**

1. Corporation Name  
**RAYMOND HENDERSON, M.D., P.A.**



Principal Place of Business  
**ST. MARY'S MEDICAL PAVILION  
#206  
WEST PALM BEACH FL 33407  
US**

Mailing Address  
**ST. MARY'S MEDICAL PAVILION  
#206  
WEST PALM BEACH FL 33407  
US**

2. Principal Place of Business  
21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 State, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Day Incorporated or Qualified **01/20/1993** 3a. Date of Last Report **02/07/1995**  
4. F.I.N. number **65-0383537** Applied For Not Applicable  
5. Certificate of Status Due:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust 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

**9. Name and Address of Current Registered Agent**

**HENDERSON, RAYMOND MD  
927 45TH STREET  
#206  
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Numbers Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 602.09(2) and 602.09(3), 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, and I, the undersigned, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 602.09(3), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1	<input type="checkbox"/> OFFICER	NAME <b>HENDERSON, RAYMOND MD</b>
12.2	<input type="checkbox"/> OFFICER	STREET ADDRESS <b>927 45TH #206</b>
12.3	<input type="checkbox"/> OFFICER	CITY, STATE, ZIP <b>WEST PALM BEACH FL</b>
12.4	<input type="checkbox"/> OFFICER	NAME
12.5	<input type="checkbox"/> OFFICER	STREET ADDRESS
12.6	<input type="checkbox"/> OFFICER	CITY, STATE, ZIP
12.7	<input type="checkbox"/> OFFICER	NAME
12.8	<input type="checkbox"/> OFFICER	STREET ADDRESS
12.9	<input type="checkbox"/> OFFICER	CITY, STATE, ZIP
12.10	<input type="checkbox"/> OFFICER	NAME
12.11	<input type="checkbox"/> OFFICER	STREET ADDRESS
12.12	<input type="checkbox"/> OFFICER	CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
13.2	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
13.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY, STATE, ZIP
13.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
13.5	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
13.6	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY, STATE, ZIP
13.7	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
13.8	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
13.9	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY, STATE, ZIP
13.10	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
13.11	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
13.12	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY, STATE, ZIP

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and checked in good faith for the exemption stated in Section 119.07(3)(k), 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, as provided for by Chapter 602, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with Block 13.

SIGNATURE: *Raymond Henderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/15/96* 407-848-5150  
DATE TIME

CR2E034 (12/95)