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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

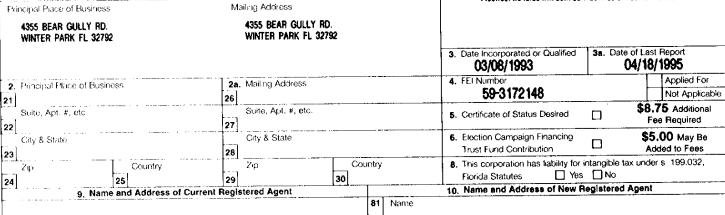
1996

DOCUMENT #

1. Corporation Name

P93000018429 (9)

DAVID OHLWILER, M.D., INC.



OHLWILER, DAVID M.D. 4355 BEAR GULLY RD. WINTER PARK FL 32792

82	Street Address (P.O. Box Number is Not Acceptable)		
83		 	
84	City	 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

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12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICE AND DIFECTOR IN T	
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NAME	OHLWILER, DAVID		1.2 NAME		
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			6.2 NAME		
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CITY ST-7IP			■ 04 Palt - 21 - Tal		

14. I do hereby certify that the information supplied with this filing is voluntarily turnished 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 cath, triat 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECT

DAVID OHLWILER

1-31-96

401.618