

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000022672 (8)**

1. Corporation Name

NURSE PRACTITIONER ASSOCIATES, P.A.



Principal Place of Business

Mailing Address

2250 JENKS AVE
SUITE C
PANAMA CITY FL 32405
US

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SUITE C
PANAMA CITY FL 32405
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

03/25/1993

3a. Date of Last Report

03/29/1995

4. FEI Number

59-3176029

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SERIAN, KRISTINE
2250 JENKS AVE
SUITE C
PANAMA CITY FL 32405

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, or both, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p>12.1 NAME: SERIAN, KRISTINE</p> <p>12.2 STREET ADDRESS: 330 WEST 23RD ST., STE. C</p> <p>12.3 CITY-STATE-ZIP: PANAMA CITY FL 32405</p> <p><input type="checkbox"/> DELETE</p>	<p>1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>1.2 NAME:</p> <p>1.3 STREET ADDRESS:</p> <p>1.4 CITY-STATE-ZIP:</p>
<p>12.4 NAME:</p> <p>12.5 STREET ADDRESS:</p> <p>12.6 CITY-STATE-ZIP:</p> <p><input type="checkbox"/> DELETE</p>	<p>2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>2.2 NAME:</p> <p>2.3 STREET ADDRESS:</p> <p>2.4 CITY-STATE-ZIP:</p>
<p>12.7 NAME:</p> <p>12.8 STREET ADDRESS:</p> <p>12.9 CITY-STATE-ZIP:</p> <p><input type="checkbox"/> DELETE</p>	<p>3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>3.2 NAME:</p> <p>3.3 STREET ADDRESS:</p> <p>3.4 CITY-STATE-ZIP:</p>
<p>12.10 NAME:</p> <p>12.11 STREET ADDRESS:</p> <p>12.12 CITY-STATE-ZIP:</p> <p><input type="checkbox"/> DELETE</p>	<p>4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>4.2 NAME:</p> <p>4.3 STREET ADDRESS:</p> <p>4.4 CITY-STATE-ZIP:</p>
<p>12.13 NAME:</p> <p>12.14 STREET ADDRESS:</p> <p>12.15 CITY-STATE-ZIP:</p> <p><input type="checkbox"/> DELETE</p>	<p>5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>5.2 NAME:</p> <p>5.3 STREET ADDRESS:</p> <p>5.4 CITY-STATE-ZIP:</p>
<p>12.16 NAME:</p> <p>12.17 STREET ADDRESS:</p> <p>12.18 CITY-STATE-ZIP:</p> <p><input type="checkbox"/> DELETE</p>	<p>6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>6.2 NAME:</p> <p>6.3 STREET ADDRESS:</p> <p>6.4 CITY-STATE-ZIP:</p>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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 if changed, or on an attachment, with an address.

SIGNATURE: *Michael Serian / Michael Serian* 1-26-96 904 872 0774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)