

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 # P93000026971 (0)

1. Corporation Name
EILEEN M. WRIGHT, M.D., P.A.



Principal Place of Business: 340 N. MAITLAND AVE, MAITLAND FL 32751, US
Mailing Address: 340 N. MAITLAND AVE, MAITLAND FL 32751, US

3. Date Incorporated or Qualified: 04/09/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): 340 N. Maitland Ave. City & State (23): Maitland, FL Zip (24): 32751
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30):
4. FEI Number (25): 59-2144796 Applied For (26): Not Applicable
5. Certificate of Status Desired (27): \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution (28): \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes (29): Yes (checked) No

9. Name and Address of Current Registered Agent
**WRIGHT, EILEEN M
430 N MILLS AVE
732 LAKE CREST COVE
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent
81 Name: Eileen M. Wright
82 Street Address (P.O. Box Number is Not Acceptable): 2428 Lake Vista Ct.
83
84 City: Casselberry FL 85 Zip Code: 32701

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, EILEEN M	1.2 NAME	
STREET ADDRESS	732 LAKE CREST COVE	1.3 STREET ADDRESS	2428 Lake Vista Ct.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	Casselberry FL 32701
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: 2/27/96 407-740-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)