

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000044595 (5)**

1. Corporation Name

HENRY LEPELY M.D., P.A.



Principal Place of Business

Mailing Address

~~2700 RIVERSIDE AVENUE
SUITE 14
JACKSONVILLE FL 32205~~

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SUITE 14
JACKSONVILLE FL 32205~~

3. Date Incorporated or Qualified 06/18/1993	3a. Date of Last Report 02/15/1995
4. FEI Number 59-3263605	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 4131 University Blvd	26 4131 University Blvd
22 Suite, Apt #, etc Bldg 7	27 Suite, Apt #, etc Bldg 7
23 City & State Jacksonville FL	28 City & State Jacksonville FL
24 Zip 32216	25 Country Duval
29 Zip 32216	30 Country Duval

9. Name and Address of Current Registered Agent

**LEPELY, HENRY
2700 RIVERSIDE AVE.
SUITE 14
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent

81 Name Henry Lepely
82 Street Address (P.O. Box Number is Not Acceptable) 4131 University Blvd S
83 Bldg 7
84 City Jacksonville
85 State FL
86 Zip Code 32216

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 and date of signature

(PLEASE PRINT) Name of person signing, required when changing

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P	11 TITLE Henry Lepely MD PA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEPELY, HENRY (M.D. P)	12 NAME
STREET ADDRESS 2700 RIVERSIDE AVENUE, SUITE 14	13 STREET ADDRESS 4131 University Blvd S. #7
CITY - ST - ZIP JACKSONVILLE FL	14 CITY - ST - ZIP Jacksonville FL 32216
TITLE <input type="checkbox"/> DELETE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22 NAME
STREET ADDRESS	23 STREET ADDRESS
CITY - ST - ZIP	24 CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	32 NAME
STREET ADDRESS	33 STREET ADDRESS
CITY - ST - ZIP	34 CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS
CITY - ST - ZIP	44 CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS
CITY - ST - ZIP	54 CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS
CITY - ST - ZIP	64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Henry Lepely

7-1-96 (904)7371300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry Lepely MD

CR2E034 (3/96)