

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000046117 (6)

1. Corporation Name

TIMOTHY R. LORENZEN, M.D., P.A.



Principal Place of Business

3000 W DR MARTIN LUTHER KING JR BLVD
TAMPA FL 33607

Mailing Address

3000 W DR MARTIN LUTHER KING JR BLVD
TAMPA FL 33607

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

81. Name

10. Name and Address of New Registered Agent

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 607.1503, 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 of the person authorized to sign this report

Date of Signature (Add signature required when changing)

Date

12. OFFICERS AND DIRECTORS

1. NAME: LORENZEN, TIMOTHY R
2. STREET ADDRESS: 3000 W DR MARTIN LUTHER KING JR BLVD
3. CITY, ST, ZIP: TAMPA FL 33607

4. NAME: [DELETE]
5. STREET ADDRESS: [DELETE]
6. CITY, ST, ZIP: [DELETE]

7. NAME: [DELETE]
8. STREET ADDRESS: [DELETE]
9. CITY, ST, ZIP: [DELETE]

10. NAME: [DELETE]
11. STREET ADDRESS: [DELETE]
12. CITY, ST, ZIP: [DELETE]

13. NAME: [DELETE]
14. STREET ADDRESS: [DELETE]
15. CITY, ST, ZIP: [DELETE]

16. NAME: [DELETE]
17. STREET ADDRESS: [DELETE]
18. CITY, ST, ZIP: [DELETE]

19. NAME: [DELETE]
20. STREET ADDRESS: [DELETE]
21. CITY, ST, ZIP: [DELETE]

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 continued on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96

813.877.2020

CR2E034 (12/95)