

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

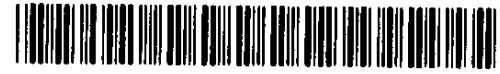
PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000048101 (8)**

1. Corporation Name  
**DAVID C. WEYN, M.D., P.A.**



Principal Place of Business: **801 E DIXIE SUITE 104 LEESBURG FL 34748**  
Mailing Address: **801 E DIXIE SUITE 104 LEESBURG FL 34748**

21	2. Principal Place of Business	26	2a. Mailing Address
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	<b>07/09/1993</b>		<b>03/14/1995</b>
4.	FEC Number		Applied For
	<b>59-3193880</b>		Not Applicable
5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8.	This corporation has liability for interstate tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FELDMAN, H. JOHN  
215 N JOANNA AVE  
TAVARES FL 32778**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1502, 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. The corporation hereby accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0603, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>PVPS</b>	<input type="checkbox"/> DELETE
NAME	<b>WEYN, DAVID C.</b>	
STREET ADDRESS	<b>801 E DIXIE SUITE 104</b>	
CITY-ST-ZIP	<b>LEESBURG FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY-ST-ZIP	<b>34748</b>
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY-ST-ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY-ST-ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY-ST-ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY-ST-ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing was truthfully furnished and does not qualify for the exception stated in Section 119.07(3)(k), Florida Statutes. I do hereby 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 trustee or trustee or power to exercise this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *David C. Weyn, M.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 (352) 787-5858

CR2E034 (12/95)