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

Mailing Address

SUITE O

2a. Mailing Address

City & State

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Suite, Apt. #, etc.

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2595 STATE RD. 584

PALM HARBOR FL 34684

PROFIT CORPORATION ANNUAL REPORT

1996

Principal Place of Business.

2595 STATE RD. 584

PALM HARBOR FL 34684

2. Principal Place of Business

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

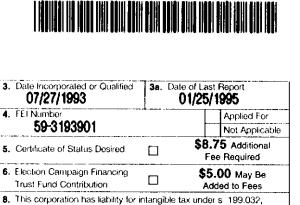
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000052584 (8)

MICHAEL O. FRANK, M.D., P.A.

Country



25 29 Florida Statutes ☐ Yes ☐ No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GASSMAN, ALAN S 82 Street Address (P.O. Box Number is Not Acceptable) 1212 COURT ST. **SUITE B** 83 **CLEARWATER FL 34616** 84 City 85

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 Suich change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

	ii, and accept the obligations of, Section 607.0	505, Florida Statutes.					
SIGNATURE	The attrict type I to periote I have of registered a joint and little it as	qualic (NOTE	Rii gistered Agunt signar ire regurui	d where remassate rail	DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
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ti ^a th	FRANK, MICHAEL O		1 2 NAME				
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OL x S1 719	PALM HARBOR FL 34684		1.4 CITY - ST - ZIP				
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CUY SUZP			6 4 City St-2IP				

14. Lds hereby cerbly 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 onth, 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: / Multiple of Plant les Pr MICHAEL O. FRANK, P.D., P.A. 1/20/96 (813)7842995

:R2E034 (12/95)

Zip Code