

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

APPROVED AND FILED

55 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra H. Northing Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000055902 (9)
1. Corporation Name
ERROL N. FINDLATER MD PA

Principal Place of Business P O BOX 1128 PALATKA FL 32178	Mailing Address P O BOX 1128 PALATKA FL 32178
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/09/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3197732	Applied For <input type="checkbox"/> 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
9. This corporation has liability for intangible tax under § 199.039, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business 800 ZEAGLER DR 100	26. Mailing Address 800 ZEAGLER DR 100
22. Suite, Apt. #, etc. PALATKA, FL	27. Suite, Apt. #, etc. 800 ZEAGLER DR 100
23. City & State PALATKA, FL	28. City & State PALATKA, FL
24. Zip 32177	25. Country USA
29. Zip 32177	30. Country

9. Name and Address of Current Registered Agent

FINDLATER, ERROL 205 ZEAGLER DR SUITE 101 PALATKA FL 32177	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Section 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 regulations of, Section 607.1505, Florida Statutes.

SIGNATURE: *Errol N. Findlater* DATE: **5/1/95**

12. OFFICERS AND DIRECTORS

TITLE P	NAME FINDLATER, ERROL N.
STREET ADDRESS 205 ZEAGLER DR., SUITE 101	
CITY, ST, ZIP PALATKA FL	
TITLE	NAME
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	NAME
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	NAME
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	NAME
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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 of changes on an attachment with my address.

SIGNATURE: *Errol N. Findlater* DATE: **5/1/95**