

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000057130 (5)

1. Corporation Name

EILEEN A. TOOLIN, M.D., P.A.



Principal Place of Business

Mailing Address

2225 - 69TH ST. W.
STE. A
BRADENTON FL 34209-7017
US

1050 BAY POINT PLACE
STE. A
BRADENTON FL 34209-7017
US

3. Date Incorporated or Qualified
08/10/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2225 59 TH ST. W.

26 2225 59 TH ST. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE A

27 SUITE A

City & State

City & State

23 BRADENTON FL

28 BRADENTON FL

Zip

Country

Zip

Country

24 34209-7017

25 USA

29 34209-7017

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOOLIN, EILEEN A
1050 BAY POINT PLACE
SARASOTA FL 34236

81 Name

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 607.1508, 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 title if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME TOOLIN, EILEEN A
STREET ADDRESS 1050 BAY POINT PLACE
CITY-ST-ZIP SARASOTA FL 34236

TITLE
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11 TITLE
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21 TITLE
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34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

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Change Addition

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-07/03/96--01022--032
***225.00

7-2-96
JP

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:

EILEEN A. TOOLIN

6/22/96

941-792-0340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)