

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000075629 (4)

1. Corporation Name

EDWARD J. ULLMANN, JR., P.A.



Principal Place of Business

10911 BONITA BEACH RD SE
STE 2063
BONITA SPRINGS FL 33923

Mailing Address

10911 BONITA BEACH RD SE
STE 2063
BONITA SPRINGS FL 33923

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PARRY, TIMOTHY R
800 LAUREL OAK DR
STE 400
NAPLES FL 33963-2738

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 Registered Agent or New Registered Agent

Signature of President, Secretary or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE [] DELETE

NAME ULLMANN, EDWARD J JR
STREET ADDRESS 10911 BONITA BEACH RD SE #2063
CITY-ST-ZIP BONITA SPRINGS FL 33923

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

[] Change [] Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

[] Change [] Addition

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

[] Change [] Addition

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

[] Change [] Addition

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

[] Change [] Addition

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

[] Change [] Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this form 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 provided 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 941-892-5773

CR2E034 (12/95)