

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000077460 (2)**

1. Corporation Name  
**FELIX A. NAVARRO, JR., M.D., P.A.**



Principal Place of Business  
**1403 MEDICAL PLAZA DR.  
SUITE 206  
SANFORD FL 32771**

Mailing Address  
**1403 MEDICAL PLAZA DR.  
SUITE 206  
SANFORD FL 32771**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25 29 30

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country

3. Date Incorporated or Qualified **11/09/1993** 3a. Date of Last Report **04/18/1995**

4. Fil Number **59-3210792** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contributor  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.  Yes  No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**GASSMAN, ALAN S  
1212 COURT ST.  
SUITE B  
CLEARWATER FL 34616**

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 607.0522 and 607.0511, 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 and hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0511, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>NAVARRO, FELIX A JR.</b>	
STREET ADDRESS	<b>1403 MEDICAL PLAZA DR., SUITE 206</b>	
CITY- ST- ZIP	<b>SANFORD 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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
7	STREET ADDRESS	
8	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	STREET ADDRESS	
12	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME	
15	STREET ADDRESS	
16	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	NAME	
19	STREET ADDRESS	
20	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied by the filer 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 furnished 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 of the filer, that the filer is required to file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or is an attached and certified business.

SIGNATURE:

*Felix Navarro Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

407 322-9530

CR2E034 (12/95)