

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # P94000000764 (8)

EDWARD L. FRAME, M.D., P.A.

COMM - 1 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Date of report required by law		2a. Mailing Address		3. Date of report filed or required		3a. Date of last report	
21		26		12/27/1993		04/29/1994	
22. State of report		27. State of report		4. FIC Number		Applied For	
22		27		59-3198272		Not Applicable	
23. City & State		28. City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Fund Fund Contribution		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under 219.03, Florida Statutes		Yes ☐ No ☐	
24		29		30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRAME, EDWARD L 201 HILDA ST SUITE 36 KISSIMMEE FL 34741				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 219.03 and 219.04, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent 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 219.05, Florida Statutes.							
SIGNATURE: _____							

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12	
1. NAME	P FRAME, EDWARD L 201 HILDA ST SUITE 36 KISSIMMEE FL 34741	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS		2. STREET ADDRESS	☐ Change ☐ Addition
3. CITY		3. CITY	☐ Change ☐ Addition
4. NAME		4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS		5. STREET ADDRESS	☐ Change ☐ Addition
6. CITY		6. CITY	☐ Change ☐ Addition
7. NAME		7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	☐ Change ☐ Addition
9. CITY		9. CITY	☐ Change ☐ Addition
10. NAME		10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	☐ Change ☐ Addition
12. CITY		12. CITY	☐ Change ☐ Addition
13. NAME		13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	☐ Change ☐ Addition
15. CITY		15. CITY	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is correct and complete for the corporation submitted in accordance with the Florida Statutes. I further certify that the information is correct as the annual report or supplemental annual report as true and accurate and that my report is true and correct as the annual report or supplemental annual report as true and accurate and that my report is true and correct as the annual report or supplemental annual report as true and accurate.

SIGNATURE:

Edward L. Frame
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR