

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000029817 (1)**

1. Corporation Name
DENNIS L. HOOVER, M.D., P.A.



Principal Place of Business: **2727 W DR ML KING BLVD SUITE 200 TAMPA FL 33607 US**
Mailing Address: **2727 W DR ML KING BLVD SUITE 200 TAMPA FL 33607 US**

3. Date Incorporated or Qualified: **04/18/1994** 3a. Date of Last Report: **06/12/1995**
4. FEI Number: **59-3236132** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 [] 22 [] 23 [] 24 []
2a. Mailing Address: 26 [] 27 [] 28 [] 29 [] 30 []
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**HINES, JAMES P
315 S. HYDE PARK AVE.
TAMPA FL 33606**

10. Name and Address of New Registered Agent
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS
TITLE [] DELETE
NAME: **DPTS HOOVER, DENNIS L MD**
STREET ADDRESS: **2727 W DR ML KING BLVD., STE 200**
CITY-ST-ZIP: **TAMPA FL**
TITLE [] DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
TITLE [] DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
TITLE [] DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
TITLE [] DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE [] Change [] Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP [] Change [] Addition
21 TITLE [] Change [] Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP [] Change [] Addition
31 TITLE [] Change [] Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP [] Change [] Addition
41 TITLE [] Change [] Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP [] Change [] Addition
51 TITLE [] Change [] Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP [] Change [] Addition
61 TITLE [] Change [] 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 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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-96

CR2E034 (12/95)