

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000029908 (8)

1. Corporation Name

VALERIE MCC. WOODGER, P.A.

Principal Place of Business

1801 MAIN ST
SARASOTA FL 34236

Mailing Address

1801 MAIN ST
SARASOTA FL 34236

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

WOODGER, VALERIE M
1801 MAIN ST
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 607.1505, 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 (Print Name)

Signature of Registered Agent (Print Name)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	D	NAME	WOODGER, VALERIE M	STREET ADDRESS	1801 MAIN ST	CITY, ST, ZIP	SARASOTA FL 34236
2. TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP	
3. TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP	
4. TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP	
5. TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP	
6. TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP	
7. TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP	
8. TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP	
9. TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP	
10. TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP	
12. TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP	
13. TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP	
14. TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP	
15. TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP	
16. TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP	
17. TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP	
18. TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP	
19. TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP	
20. TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is correctly furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 trustee or trustee-in-powers to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed. I am attaching with an address.

SIGNATURE:

Valerie M. Woodger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96 941 951 6660

APPROVED
AND
FILED

55 JAN 19 11:10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (12/95)