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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P94000031244 (4)

DANIE	EL M. ROSOF, O.D., P.A.			I HADIHATI DA HIM PIRKI BRIK	1 14 14 15 16 17 18 18 18 18 18 18 18
Principal Place of Business		Mailing Address 340 W. 23RD ST. SUITE B PANAMA CITY FL 32405			
340 W. 23RD ST. SUITE B PANAMA CITY FL 32405					
		TOWMIN OIL IL DEW	ω	3. Date incorporated or Qualified	'
2. Principal Plac	re at Business	2a. Maino Address		04/22/1994 4. FEI Number	01/27/1995
21		26 26		59-3250624	Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Žip	Country	8. This corporation has liability fo	
24	25 9. Name and Address of Currer		30	Florida Statutes Ye 10. Name and Address of New	_
	<u> </u>	it riegisteted Agent	81 Name	10. Name and Address of New	Registered Agent
FAUCHEUX, PATRICK J 845 JENKS AVE. PANAMA CITY FL 32401				ress (P.Ö. Box Number is Not Accepta	able)
77444	A Offi Te Geto I		84 City		85 Zip Code
SIGNATURE	the provisions of sections 607,0502 d agent, or both, in the State of Floor i, and accept the obligations of Sect them. If the restores in the section	on 607.0505, Florida Statutes	the above named corporation's boathy the corporation's boathy the corporation's boathy the solution of the sol		urpose of changing its registered office pointment as registered agent. I am
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
DITE	PVST	☐ DELETE	1 * TITLE		Change Addit.on
NAME	ROSOF, DANIEL M O.D.		1.2 NAME		
STREET ADDRESS	340 W. 23RD ST.		13 STREET ADDRESS		
CITY-ST-ZIP TITLE	PANAMA CITY FL 32405	DELETE	14 C Tr - ST - ZIP		
NAME		Doccu	2 1 T-TLF 2 2 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2.4 CHY-ST ZIP		
TITLE		☐ DELETE	3 1 Tift: F		Change Addition
NAME			3.2 NAME		
STHEET ADDRESS			3.3 STHEF! ADDRESS		
CITY-ST-7IP			3.4 City St ZiP		
TITLE		DELETE	4 1 TH_F		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY ST-ZIP		
T TLF		DELETE	5 1 THILE		Change Addition
NAME			5.2 NAM:		
STREET ADDRESS			. 5.3 STHEET ADDRESS		
C(T) - ST - Z(F)			54 CHY-ST ZIP	- ·	
MILE		☐ Delete	6 1 THLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - \$1 - 7IP		

64 CITY-\$1-7/P

14. I do hereby certify that the information supplied with this fling 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 ancies 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 composition 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 attractor and trust my name of spring of Florida Statutes.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF Spring OFFICER OR DIRECTOR