

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

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TALLAHASSEE, FLORIDA

DOCUMENT # P94000035258 (0)

1. Corporation Name
SOUTHEAST VOLUSIA COUNTY MEDICAL ASSOICATES, P.A

Principal Place of Business Mailing Address
501 LIVE OAK NEW SMYRNA BEACH FL 32168 **P.O. BOX 456 NEW SMYRNA BEACH FL 32170-0456**

3. Date Incorporated or Qualified **05/06/1994** 3a. Date of Last Report **10/16/1995**
4. FET Number **59-3287185** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**TOUB, FRANK W
501 LIVE OAK
NEW SMYRNA BEACH FL 32168**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **300001955473
-09/24/96-01172-021**
84 City *****225.00 ***225.00
FL**

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 Signature (typed or printed name of registered agent and the filer) (Date Registered Agent signature required when registering) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOUB, FRANK W M.D.	1.2 NAME	
STREET ADDRESS	501 LIVE OAK	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILDERCKER, CHARLES W MD	2.2 NAME	
STREET ADDRESS	401 DOWNING	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEMUND, R. ERIC MD	3.2 NAME	
STREET ADDRESS	420 PALMETTO	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREWE, BRUCE H MD	4.2 NAME	
STREET ADDRESS	812 W, INDIAN RIVER BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32132	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

A. Alan
9-11-96

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 supplement 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: *Charles W Schildercker MD* *9/15/96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

CR2E034 (12/95)