

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

1996 AUG 28 PM 12:36

REINSTATEMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996



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

500001994975
-08/28/96--01102--004
****888.75 ****888.75

DOCUMENT # P94000043914
1. Corporation Name

SPECIAL CARE GYN ASSOCIATES, P.A.

Principal Place of Business: 2909 North Orange Ave., Suite 104, Orlando, FL 32804
Mailing Address: 2909 North Orange Ave., Suite 104, Orlando, FL 32804

3. Date Incorporated or Qualified: 06/08/1994
3a. Date of Last Report: 08/27/96
4. FEI Number: 59-3244107
5. Certificate of Status Desired: Additional Fee Required: \$5.00 May Be Added to Fees
6. Elect on Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

HOOVER, Frederick A., M.D.
650 Wymore Road
Winter Park, FL 32789

10. Name and Address of New Registered Agent

81. Name: HOOVER, ROBERT T., M.D.
82. Street Address (P.O. Box Number is Not Acceptable): 2909 North Orange Ave.
83. Suite 104
84. City: Orlando, FL
85. Zip Code: 32804

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]*
Signature typed or printed name of registered agent and the corporation.

8-27-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOOVER, FREDERICK A., M.D.	
STREET ADDRESS	650 Wymore Road	
CITY, ST, ZIP	Winter Park, FL 32789	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOOVER, ROBERT T., M.D.	
STREET ADDRESS	650 Wymore Road	
CITY, ST, ZIP	Winter Park, FL 32789	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
2. TITLE	D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	HOOVER, ROBERT T., M.D.	
2.3 STREET ADDRESS	2909 North Orange Ave., Suite 104	
2.4 CITY, ST, ZIP	Orlando, FL 32804	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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
Robert T. Hoover, M.D., President

8-27-96 (407) 898-9697

APPROVED AND FILED
1996 AUG 28 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (12/95)

[Handwritten initials]