

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000005861 (6)**

1. Corporation Name

MARIE A. HERRMANN, M.D., P.A.



Principal Place of Business

**575 MARMORA AVENUE
TAMPA FL 33606**

Mailing Address

**575 MARMORA AVENUE
TAMPA FL 33606**

3. Date Incorporated or Qualified

01/23/1995

3a. Date of Last Report

2. Principal Place of Business

21 **3737 Frankford Ave.**

State, Apt. #, etc.

22 City & State

23 **Panama City, FL**

24 **32405** 25 **Bay**

2a. Mailing Address

26 **3737 Frankford Ave.**

State, Apt. #, etc.

27 City & State

28 **Panama City, FL**

29 **32405** 30 **Bay**

4. FEI Number

59-3299840

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

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 607.1503, 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 the individual who is the registered agent

Signature of Registered Agent (Required when replacing)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **DPST**
NAME: **HERRMANN, MARIE A**
STREET ADDRESS: **575 MARMORA AVE.**
CITY, ST, ZIP: **TAMPA FL 33606**

DELETE

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

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STREET ADDRESS:
CITY, ST, ZIP:

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TITLE: DELETE
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STREET ADDRESS:
CITY, ST, ZIP:

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS: **3737 Frankford Ave.**
14 CITY, ST, ZIP: **Panama City, FL 32405**

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY, ST, ZIP:

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY, ST, ZIP:

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY, ST, ZIP:

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY, ST, ZIP:

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: Marie A. Herrmann *Marie A. Herrmann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

(904) 747-5740
DIVERSIFIED FINANCIAL

CR2E034 (12/95)