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Jan 15 1997 8:00am

Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000005861 (6)

1. Corporation Name
MARIE A. HERRMANN, M.D., P.A.



Principal Place of Business
**3737 FRANKFORD AVE.
PANAMA CITY FL 32405
US**

Mailing Address
**3737 FRANKFORD AVE.
PANAMA CITY FL 32405-1924
US**

3. Date Incorporated or Qualified
01/23/1995

3a. Date of Last Report
02/14/1996

4. FEI Number
59-3299840

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.

22 City & State

23 Zip Country

24 Zip Country

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 **MARIE A. HERRMANN**

82 Street Address (P.O. Box Number is Not Acceptable)
3737 FRANKFORD AVE

83

84 City **PANAMA CITY** FL 85 Zip Code **32405**

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: *Marie A. Herrmann* **MARIE A. HERRMANN, Director** DATE: **1-8-97**

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **DPST HERRMANN, MARIE A**

STREET ADDRESS **3737 FRANKFORD AVE.**

CITY - ST - ZIP **PANAMA CITY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, Director** DATE: **1/9/97** DAYTIME PHONE # **904 747-5740**

CR2E034 (9/96)