

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000007999 (2)

1. Corporation Name

A TRANSMISSION PHYSICIAN, INC.

Principal Place of Business

977 PAPAYA
WINTER SPRINGS FL 32708

Mailing Address

977 PAPAYA
WINTER SPRINGS FL 32708



2. Principal Place of Business	2a. Mailing Address
21 1425 N US HWY 1	26 1425 N US HWY 1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 COCOA, FLA	28 COCOA, FLA
Zip	Zip
24 32922	29 32922
Country	Country
25 BREVARD	30 BREVARD

3. Date Incorporated or Qualified	3a. Date of Last Report
01/26/1995	1-26-95
4. FEEL Number	Applied For
59-3289901	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

LEVIN, SANFORD A
977 PAPAYA
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
SANFORD A LEVIN	32708
82 Street Address (P.O. Box Number is Not Acceptable)	
977 PAPAYA	
83	
84 City	
WINTER SPRINGS	
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 SANFORD A LEVIN PRES.

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered agent signature not required when re-registering.)

7-31-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
D P-T	LEVIN, SANFORD A		
STREET ADDRESS	977 PAPAYA	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
		VICE PRESIDENT - S&P	RUTH LEVIN VP-S
STREET ADDRESS		2.3 STREET ADDRESS	977 PAPAYA LN
CITY-ST-ZIP		2.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	NAME	3.1 TITLE	3.2 NAME
		VICE PRESIDENT	VERONICA LEVIN
STREET ADDRESS		3.3 STREET ADDRESS	1425 GUINEVERE RD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CASSELBERRY, FLA 32707
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANFORD A LEVIN 7-31-96 407-631-7596

CR2E034 (3/96)