

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

PROFIT CORPORATION,
ANNUAL REPORT
1996



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

DOCUMENT # **P95000039577 (8)**

1. Corporation Name

ROBERT B. DAVID, PH.D. AND JUDITH M. MCBRIDE, PH.D., P.A.



Principal Place of Business

Mailing Address

ROUTE 4, BOX 380-A
HAWTHORNE FL 32640

ROUTE 4, BOX 380-A
HAWTHORNE FL 32640

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 Country

29 30 Country

9. Name and Address of Current Registered Agent

DAVID, ROBERT B
ROUTE 4, BOX 380-A
HAWTHORNE FL 32640

3. Date Incorporated or Qualified

05/17/1995

3a. Date of Last Report

4. FEI Number

59-3229427

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

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 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 understand the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Robert B. David, PhD Vice President Robert B David

1-25-96

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	JUDITH M. MCBRIDE, PH.D.	
STREET ADDRESS	RT. 4, BOX 380 A	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	ROBERT B. DAVID, PH.D.	
STREET ADDRESS	RT. 4, BOX 380 A	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	JUDITH M. MCBRIDE, PH.D.	
STREET ADDRESS	SAME AS ABOVE	
CITY-ST-ZIP	SAME AS ABOVE	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	JUDITH M. MCBRIDE, PH.D.	
STREET ADDRESS	SAME AS ABOVE	
CITY-ST-ZIP	SAME AS ABOVE	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Judith M. McBride, Ph.D., President* 1-25-96 (852) 371-4857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, the Phone #

CR2E034 (12/95)