## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000049646 (9)

DANIEL C. DAUBE, JR., M.D., P.A.

Principal Place of Business Mailing Address

FILED
May 12 1997 8:00am
Secretary of State



2202-GTATE-AI SUITE-201 PANAMA CITY	FL 32405 PANAMA CITY FL 32405-4539						3. Date Incorporated or Qualified 3a. Date of Last Report 06/26/1995 06/11/1996				
	lace of Business			Mailing Address				4. FEI Number		Ap	plied For
1 200	DOCTOR	s Drive	26	200 DOCTI	PRE	<u>.                                    </u>	RIVE	59-3321649		No	t Applicable
Suite, Apt. 1	#, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	ma C11	y FL	28	City & State Paname	C	, 17	y FL	6. Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
<sup>プゆ</sup> 4 32 4	'ماد است '	Codintry	-	Zip 32405	30	BA	<b>.</b>	This corporation has liability to Florida Statutes	r intangible ta Yes		199.032,
4 324		Address of Currer	29 t Regis		[30]	<u> </u>	<i>-</i>	10. Name and Address of New R			
441	K <mark>stein, Gary</mark> <del>2 Delwood L</del> Lama Offy Fl-(	WE				81 82 83	Dani Street Addr 200	ress (P.O. Box Number is Not Accepta	M D		
						84	City		FL	3 2	Code 2 405
office or reagent. I agent. I agent.	Dancel		<b>√ b</b> €	VA				poration submits this statement for the tion's board of directors. It vereby acc	ept the appoi	ntment as	s registered registered
12,	Sellate, at a Abient or band	OFFICERS AN				3.	in signature recor	ADDITIONS/CHANGES TO OFF		DIRECTOR	IS IN 12
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NAME 1	t					2 NAME					
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STREET ADDRESS						.3 STAEE1 4 City+5	l				

information indicated on this annual report or supplicated 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 chapter, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/20/97 904-184-7722