

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000049994 (3)**

1. Corporation Name

**LARRY R. TACKETT, M.D., P.A.**



Principa' Place of Business

Mailing Address

**6101 ALMOND TERRACE  
PLANTATION FL 33317**

**6101 ALMOND TERRACE  
PLANTATION FL 33317**

2. Principal Place of Business

2a. Mailing Address

**21**

Suite, Apt. #, etc.

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

City & State

**23**

Zip

**24**

Zip

**25**

Country

**29**

Country

**30**

3. Date Incorporated or Qualified

**06/27/1995**

3a. Date of Last Report

4. FEI Number

**65-0594325**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75**

Additional Fee Required

6. Election Campaign Financing

**\$5.00**

May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

**9. Name and Address of Current Registered Agent**

**TACKETT, LARRY R  
6101 ALMOND TERRACE  
PLANTATION FL 33317**

81 Name

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

83

84 City

**FL** 85 Zip Code

**10. Name and Address of New Registered Agent**

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:

(Signature, typed or printed name of registered agent and for, if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TACKETT, LARRY R</b>		1.2 NAME	
STREET ADDRESS	<b>6101 ALMOND TERRACE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>		1.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE: Larry R. Tackett (Larry R. Tackett)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/96 954-583-6546**

Daytime Phone #

CR2E034 (12/95)