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FILED
May 13 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 # P95000058486 (8)

1. Corporation Name

MARTIN T. GIRLING, D.P.M., P.A.

Principal Place of Business

1408 WEST REYNOLDS STREET
SUITE C
PLANT CITY FL 33566

Mailing Address

1408 WEST REYNOLDS STREET
SUITE C
PLANT CITY FL 33566-4326

3. Date Incorporated or Qualified
07/27/1995

3a. Date of Last Report
07/09/1996

2. Principal Place of Business

21 210 N Alexander St.

Suite, Apt. #, etc.

22

City & State

23 Plant City FL

Zip

24 33566

Country

25 Hillsborough

2a. Mailing Address

26 210 N Alexander St.

Suite, Apt. #, etc.

27

City & State

28 Plant City FL

Zip

29 33566

Country

30 Hillsborough

4. FEI Number

65-0605909

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

9. Name and Address of Current Registered Agent

GIRLING, MARTIN T
1408 WEST REYNOLDS STREET
SUITE C
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name

GIRLING, MARTIN T

82

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

210 N ALEXANDER ST

83

84

City

PLANT CITY

FL

85

Zip Code

33566

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GIRLING, MARTIN T D.P.M.
STREET ADDRESS 4126 BARRET AVENUE
CITY-ST-ZIP PLANT CITY FL 33567

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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 in an attachment with an address.

CR2E034 (9/96)