

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 # P95000067959 (3)

1. Corporation Name

JOHN F. OLVA, M.D., P.A.



Principal Place of Business

Mailing Address

10505 S.W. 130TH COURT  
MIAMI FL 33188

10505 S.W. 130TH COURT  
MIAMI FL 33188

3700 Emergency Ln.  
Sebring, FL 33870

3700 Emergency Ln.  
Sebring, FL 33870

2. Principal Place of Business

2a. Mailing Address

21 3700 Emergency Ln.  
Suite, Apt. #, etc.

25 3700 Emergency Ln.  
Suite, Apt. #, etc.

22 Sebring, FL  
City & State

27 Sebring, FL  
City & State

23 Zip 33870 Country

28 Zip 33870 Country

24 33870

29 33870

9. Name and Address of Current Registered Agent

WALKER, MICHAEL B  
900 SUN BANK BLDG.  
777 BRICKELL AVE.  
MIAMI FL 33131

3. Date Incorporated or Qualified

09/01/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0608959

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 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 Michael B. Walker

Signature, typed or printed name of registered agent and filer is applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

4/23/96

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME OLVA, JOHN F  
STREET ADDRESS 10505 S.W. 130TH COURT  
CITY-ST-ZIP MIAMI FL 33188

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President  
1.2 NAME OLVA, JOHN F.  
1.3 STREET ADDRESS 3012 WYNSTONE DR.  
1.4 CITY-ST-ZIP SEBRING, FL 33872

2.1 TITLE Treasurer  
2.2 NAME QUICK, JANICE C.  
2.3 STREET ADDRESS 3012 WYNSTONE DR.  
2.4 CITY-ST-ZIP SEBRING, FL 33872

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

Janice C. Quick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANICE C. QUICK TREASURER

4/23/96

(941) 471-8600

Date

Daytime Phone #

CR2E034 (12/95)