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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

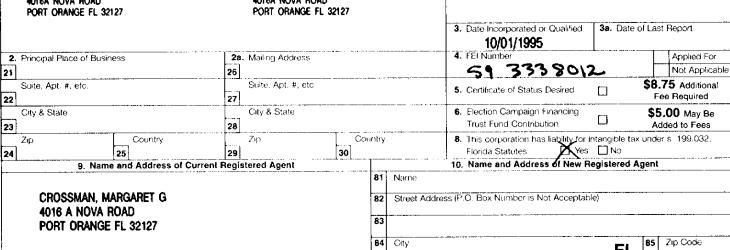
P95000070275 (9)

MARGARET G. CROSSMAN, M.D., P.A.

Principal Place of Business Maring Address

4016A NOVA ROAD

4016A NOVA ROAD



11. Pursuant to the provisions of Sections 607.050? 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	g sture, typied or proded name. If equal to a layer has a first table. OFFICERS AND DIRECTO		TE Payportred Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	DELETE	1 1 FULE	Change Addition
NAME	CROSSMAN, MARGARET G M.D.		1.2 NAME	
STREET ADDRESS	4016A NOVA ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127		1.4 CHY - S1 - ZIP	
TITLE		☐ DELETE	2 1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CiTY+ST-ZiP			2.4.017Y - ST - ZIP	
TifeE		DELETE	3 1 THILE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY ST-ZIP			3 4 Cilly - SF-ZIP	
TITLE		DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY - \$1 - 7IP

4.4.CHY - S1 - 7IF

5 1 I-ILE

5.2 NAME

6.1 Title

6.2 NAME 6.3 STREET ADDRESS

6.4 CHY - ST- ZIP 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 armual report or supplemental armual report is true and accurate and that my's gnature 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

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

[1] DELETE

DELETÉ

4-8-96 767,1736

Change

Change

Addition

Addition