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PROFIT CORPORATION ANNUAL REPORT



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

1996

Florida Affiliated Physic	CIANS, INC.		10411661 114 1641 6111 6211 8211 8211 92	
cipal Place of Business	Mailing Address		ı şabirdaş iya talah gilir delili dötiyi di	iniu odki nodii Boidu Otiik lobid olii 1091
01 BRUCE B. DOWNS BLVD. STE 121 IPA FL 33613	13601 BRUCE B. DOV TAMPA FL 33613	WNS BLVD. STE 121		
			3. Date incorporated or Qualified 09/11/1995	3a. Date of Last Report
rincipal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Lank Karana	26		59-3337/39	Not Applicable
icrte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
ety & State	City & State		Election Campaign Financing	Fee Required
	28		Trust Fund Contribution	S5.00 May Be Added to Fees
Country	Zip	Country	8. This corporation has liability for inl	
Q Name and Address of	29 Current Registered Agent	30	Florida Statutes Yes	
3. Hamo and nadies of	Content negistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
FRAZIER, DANIEL W M.D.				
13601 BRUCE B. DOWNS BLVD. STE 121 TAMPA FL 33613		82 Street Ad	ldress (P.O. Box Number is Not Acceptable))
		83		
		84 City		[0-1 7 A
		on Oily		FL 85 Zip Code
is registered again, or both, in the state of familiar with, and accept the obligations of IATURE	of Florida, Such Change was author of, Section 607.0505, Florida Statuti	rized by the corporation's bo les.	oration submits this statement for the purpo lard of directors. I hereby accept the appoir	ose of changing its registered offic ntment as registered agent. I am
amiliar with, and accept the obligations of ATURE Stanton type to protect new obligations.	of normal Soon orange was authority, Soction 607.0505, Florida Statuti relagonar litter application RS AND DIRECTORS	INOTE Registered Agent signalure requi	ard of directors. Thereby accept the appoir	Ose of changing its registered offic ntment as registered agent. I am DATE DERS AND DIRECTORS IN 12
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SIGNATURE:

D.W. FRAZIER, M.D. (DDESIDENT) 3-/-96

813-977-2096