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

900001758819
-03/27/96--01006--003
***76.25

DOCUMENT # **P95000095861 (7)**

1. Corporation Name
FLORIDA CVO, INC.

Principal Place of Business
23 WEBB STREET
OSPREY FL 34229

Mailing Address
23 WEBB STREET
OSPREY FL 34229

3. Date Incorporated or Qualified: **12/19/1995**
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: [X] 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

SHADY-KING, BECKETT
23 WEBB STREET
OSPREY FL 34229

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 _____
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	[✓] DELETE
NAME	BLANCO, JIM	
STREET ADDRESS	23 WEBB STREET	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	D	[✓] DELETE
NAME	PETERSON, CYNTHIA	
STREET ADDRESS	23 WEBB STREET	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	D	[✓] DELETE
NAME	SHADY-KING, BECKETT	
STREET ADDRESS	23 WEBB STREET	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	D	[ ] Change [✓] Addition
1.2 NAME	Barry Teppermann, M.D.	
1.3 STREET ADDRESS	5101 NW 21st Ave., #440	
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33309	
2.1 TITLE	D	[ ] Change [✓] Addition
2.2 NAME	Dennis Agliano, M.D.	
2.3 STREET ADDRESS	606 South Blvd.	
2.4 CITY-ST-ZIP	Tampa, FL 33606	
3.1 TITLE	D	[ ] Change [✓] Addition
3.2 NAME	Mutazo Habal, M.D.	
3.3 STREET ADDRESS	606 South Blvd.	
3.4 CITY-ST-ZIP	Tampa, FL 33606	
4.1 TITLE	D	[ ] Change [✓] Addition
4.2 NAME	Barbara Harty-Golder, M.D., J.D.	
4.3 STREET ADDRESS	23 Webb Street	
4.4 CITY-ST-ZIP	Osprey, FL 34229	
5.1 TITLE	D	[ ] Change [✓] Addition
5.2 NAME	Doug Sims, M.D.	
5.3 STREET ADDRESS	23 Webb Street	
5.4 CITY-ST-ZIP	Osprey, FL 34229	
6.1 TITLE	D	[ ] Change [✓] Addition
6.2 NAME	Robert Cline, M.D.	
6.3 STREET ADDRESS	5101 NW 21st Ave., #440	
6.4 CITY-ST-ZIP	Fort Lauderdale, FL 33309	

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: [signature] 3/22/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)