

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

21. Principal Place of Business		2a. Mailing Address		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		25. Country		29. Zip		30. Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

SHADY-KING, BECKETT
23 WEBB STREET
OSPREY FL 34229

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: BLANCO, JIM	1.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Barry Teppermann, M.D.
STREET ADDRESS: 23 WEBB STREET	CITY-ST-ZIP: OSPREY FL 34229	12 NAME: 5101 NW 21st Ave., #440	13 STREET ADDRESS: Fort Lauderdale, FL 33309
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: PETERSON, CYNTHIA	2.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Dennis Agliano, M.D.
STREET ADDRESS: 23 WEBB STREET	CITY-ST-ZIP: OSPREY FL 34229	2.2 NAME: 606 South Blvd.	2.3 STREET ADDRESS: Tampa, FL 33606
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: SHADY-KING, BECKETT	3.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Mutazo Habal, M.D.
STREET ADDRESS: 23 WEBB STREET	CITY-ST-ZIP: OSPREY FL 34229	3.2 NAME: 606 South Blvd.	3.3 STREET ADDRESS: Tampa, FL 33606
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Barbara Harty-Golder, M.D., J.D.
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME: 23 Webb Street	4.3 STREET ADDRESS: Osprey, FL 34229
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Doug Sims, M.D.
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME: 23 Webb Street	5.3 STREET ADDRESS: Osprey, FL 34229
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Robert Cline, M.D.
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME: 5101 NW 21st Ave., #440	6.3 STREET ADDRESS: Fort Lauderdale, FL 33309
TITLE: <input type="checkbox"/> DELETE	NAME:	6.4 CITY-ST-ZIP: Fort Lauderdale, FL 33309	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)(A), 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: *Barbara Harty-Golder* 3/22/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)