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Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000097134 (7)

1. Corporation Name
CITRUS BONE & JOINT SPECIALISTS, P.A.

Principal Place of Business
534 N. LECANTO HIGHWAY
LECANTO FL 34461-8547

Mailing Address
534 N. LECANTO HIGHWAY
LECANTO FL 34461-8547



3. Date Incorporated or Qualified
12/26/1995

3a. Date of Last Report
05/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3351572

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

10. Name and Address of New Registered Agent

COUGH, RICHARD CRANE D.O.
534 N. LECANTO HIGHWAY
LECANTO FL 34461-8547

INCORRECT SPELLING
LAST NAME IS
COUCH

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, 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 of current registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

RICHARD CRANE COUCH D.O. PRES. 3/7/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME COUCH, RICHARD CRANE D.O.
STREET ADDRESS 534 N. LECANTO HIGHWAY
CITY-ST-ZIP LECANTO FL 34461-8547

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S
NAME COUCH, KATHLEEN C D.O.
STREET ADDRESS 534 N. LECANTO HIGHWAY
CITY-ST-ZIP LECANTO FL 34461-8547

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VP
NAME COUCH, RICHARD M D.O.
STREET ADDRESS 534 N. LECANTO HIGHWAY
CITY-ST-ZIP LECANTO FL

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

TITLE T
NAME COUCH, CATHARINE C
STREET ADDRESS 534 N. LECANTO HIGHWAY
CITY-ST-ZIP LECANTO FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: KATHLEEN C. COUCH D.O.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN C. COUCH
SEC. + TREASURER
3/7/97
Date
352-746-0654
Daytime Phone #

CR2E034 (9/96)