

P95000097161

HURD, HAWKINS, MEYERS,
RADOSEVICH & STEVENSON, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

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May 27, 1997

Division of Corporations
Annual Report Filings
Post Office Box 6327
Tallahassee, Florida 32314

Regarding: Change of Mailing Address of Resident Agent

Dear Division of Corporations:

This is to notify you in writing of the mailing address change that needs to be corrected on the annual report form filed by my client, Martha S. Bushore, M.D., P.A.

The correct mailing address for all correspondence and filings should be: 2370 Weymouth Drive
Clearwater, Florida 34624.

X Dr. Bushore's mailing address changed after the filing of her annual report form which was filed and paid on February 26, 1997 (a copy of the annual report form as filed and paid is attached for your reference).

Please change the mailing address effective immediately.

Thank you for your help in this matter.

Sincerely yours,

Robert L. Hurd

Martha S. Bushore

MARTHA S. BUSHORE, M.D., P.A.
REGISTERED AGENT

ROBERT L. HURD, C.P.A.
HURD, HAWKINS, MEYERS, RADOSEVICH & STEVENSON, P.A.

Enclosure: Copy of paid and filed 1997 Florida Annual Report Form

/cabushan.rpt

X Change of Principal mailing address - Sent Form + advised of Fee to change

MEMBER:

Reg. Office of RA.

American Institute of Certified Public Accountants • Florida Institute of Certified Public Accountants • National Association of Certified Valuation Analysts

PERSONALIZED PROFESSIONAL SERVICE

6/2/97 (Sp)

2-26-97
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000097161 (0)

1. Corporation Name

MARTHA S. BUSHORE, M.D., P.A.



Principal Place of Business 707 DRUID ROAD EAST CLEARWATER FL 34616		Mailing Address 707 DRUID ROAD EAST CLEARWATER FL 34616-3913	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt #, etc		26. Suite, Apt #, etc	
22. City & State		27. City & State	
23. Zip		28. Country	
24. Country		29. Zip	
25. Country		30. Zip	
3. Date Incorporated or Qualified 12/19/1995			
3a. Date of Last Report 04/26/1996			
4. FEI Number 59-3352741			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BUSHORE, MARTHA S M.D. 707 DRUID ROAD EAST CLEARWATER FL 34616 Effective 5-1-97 Change Mailing to: 2370 Weymouth Drive Clearwater, FL 34624			
10. Name and Address of New Registered Agent			
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83. City			
84. 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 _____ DATE _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. NAME			
13. STREET ADDRESS			
14. CITY - ST - ZIP			
21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
22. NAME			
23. STREET ADDRESS			
24. CITY - ST - ZIP			
31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
32. NAME			
33. STREET ADDRESS			
34. CITY - ST - ZIP			
41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
42. NAME			
43. STREET ADDRESS			
44. CITY - ST - ZIP			
51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
52. NAME			
53. STREET ADDRESS			
54. CITY - ST - ZIP			
61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
62. NAME			
63. STREET ADDRESS			
64. 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: X Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-97 813-443-2879

CR2E034 (9/96)