


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 17 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 # P96000070410 (1) 1. Corporation Name CITRUS COUNTY GENERAL PRACTICE, INC.					
Principal Place of Business P.O. BOX 803 9030 W. PORT ISLAND TER CRYSTAL RIVER FL 34423			Mailing Address P.O. BOX 803 9030 W. PORT ISLAND TER CRYSTAL RIVER FL 34423-0803		
2. Principal Place of Business 21 P.O. Box 3009 Suite, Apt. #, etc. 22 Inverness FL City & State 23 34451 Zip 24 USA Country		2a. Mailing Address 26 P.O. Box 3009 Suite, Apt. #, etc. 27 Inverness FL City & State 28 34451 Zip 29 USA Country		3. Date Incorporated or Qualified 08/20/1996 3a. Date of Last Report Applied For Not Applicable 4. FEI Number 59-8406952 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
9. Name and Address of Current Registered Agent TITUS, CLAIRE A 4 NE THIRD ST CRYSTAL RIVER FL			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 PT NAME KESSLER, JEFFREY B STREET ADDRESS 930 FT ISLAND TR CITY-ST-ZIP CRYSTAL RIVER FL 34423 TITLE CEO NAME KESSLER, JEFFREY B STREET ADDRESS 9030 FT ISLAND TR CITY-ST-ZIP CRYSTAL RIVER FL 34423 TITLE S NAME SPRIGINGS, LISA STREET ADDRESS 930 FT ISLAND TR CITY-ST-ZIP CRYSTAL RIVER FL 34423 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 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: Jeffrey B. Kessler 3/24/97 (352) 637-1800 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



CR2E034 (9/96)