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**

FILED May 09 1997 8:00am Secretary of State

DOCUMENT # P96000085019 (3) 1. Corporation Nature DANIEL HOLLAND, M.D., P.A.3 Principal Place of Business 4996 HICKORY SHORES BLVD GULF BREEZE FL 32561 Mailing Address P O BOX 399 GULF BREEZE FL 32562-038			1399	
				3. Date Incorporated or Qualified 3a. Date of Last Report 11/01/1996
2. Principal Place of Business		2a. Mailing Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. FEI Number Applied For
Suite, Apr	# old	Suite, Apt #, etc.		59 - 3407 244 Not Applicable \$8.75 Additional
22		27		6. Certificate of Status Desired Fee Required
City & Stat	0	City & State		Election Campaign Financing \$5.00 May Be
23	Country	28 Zip	Country	Trust Fund Contribution
24	25	29	30	Florida Statutes Yes No
	9. Name and Address of Curre	ent Registered Agent	041 11	10. Name and Address of New Registered Agent
	LAND, DANIEL		81 Name	·
4996 HICKORY SHORES BLVD Gulf Breeze FL 32561			82 Street	Address (P.O. Box Number is Not Acceptable)
- COVI	J DINECEL I E GEGOT		83	
			84 City	85 Zip Code
	(0)	00 1007 1000 00 11 00 1		FL []
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat	te of Florida, Such change was	tes, the above-named authorized by the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
~	m familiar with, and accept the obli	gations of, Section 607.0505, Fi	lorida Statutes.	
SIGNATURE	Signativi i typed or propia nanacot nigestered s		Th: Registered Agent signature	
12.	OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D/P
NAME			1.2 NAME	DANIEL HOLLAND
STREET ADDRESS			1.3 STREET ADDRESS	4996 Hickory Shores Blud
CHY ST-7P			1.4 CITY+ST-ZIP	Gulf Breeze FL 32561
TiftE		☐ DELETE	2.1 TITLE	\$ 1
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS	MARCIA HOLLAND
City \$1-Zif			2.4 City-St-Zip	4996 Hickory Shores Block Gulf Breeze Fe 32561
TI*CF	THE STATE OF THE S	DELETE	3.1 TITLE	Change Addition
NAVs			3.2 NAME	
STREET ADDRESS:			3.3 STREET ADDRESS	İ
CHY-ST ZIF TITLE		☐ DELETE	34 CITY-ST-ZIP 41 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	Comange Z Addition
SHIELL ADDRESS			4.3 STREET ADDRESS	
CHY-ST-7IP			4 4 CITY-ST-ZIP	
Tall_E		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STEAT ADDRESS			5.3 STREET ADORESS	
CHY ST-ZIP TITLE		DELETE	5.4 CHY-ST-ZIP 6.1 THTLE	☐ Change ☐ Addition
NAV:		_ Dem(L	6.2 NAME	
STHEEL ADDRESS			63 STREET ADDRESS	
CITY-\$1-7			6.4 CITY - ST - ZIP	
14. I do herei	by certify that the information suppli	ed with this filing does not qual	ify for the exemption s	tated in Section 119.07(3)(t), Florida Statutes. I further certify that the that my signature shall have the same legal effect as if made under oath; that

Information and called on this arrivant report of supplemental annual report is frue and accurate and that my signature shall have not same legal effect as it made under of Lan an oil over or director of the corporation or the receiver of frustee 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 an aparticipant with an address.