


FILED

May 09 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 # P96000085019 (3)

1. Corporation Name
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 32562-0399

3. Date Incorporated or Qualified
11/01/1996

3a. Date of Last Report

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

4. FEI Number
59-3407244
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Applied For
Not Applicable
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees
Yes No

9. Name and Address of Current Registered Agent
HOLLAND, DANIEL
4996 HICKORY SHORES BLVD
GULF BREEZE FL 32561

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. 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 included 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
12. OFFICERS AND DIRECTORS
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

DELETE
Change
Addition

D/P
DANIEL HOLLAND
4996 Hickory Shores Blvd
Gulf Breeze, FL 32561
S/T
MARCIA HOLLAND
4996 Hickory Shores Blvd
Gulf Breeze, FL 32561

Change
Addition

Change
Addition

Change
Addition

Change
Addition

SIGNATURE: [Signature]

4/30/97 904 934 5584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/96)