
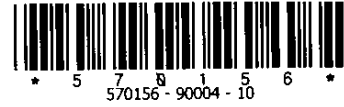


FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90079 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <u>P 98006054598 V</u> 1. Corporation Name <u>Dr John A. Licurance, P.A.</u>		



Principal Place of Business	Mailing Address
<u>1751 Mound Street suite 103</u>	<u>1751 Mound Street</u>
<u>Sarasota FL 34236</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <u>1751 Mound St.</u>	28 <u>1751 Mound Street</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <u>103</u>	27 <u>103</u>
City & State	City & State
23 <u>Sarasota FL</u>	28 <u>Sarasota FL</u>
Zip	Zip
24 <u>34236</u>	29 <u>34236</u>
Country	Country
25 <u>Sarasota</u>	30 <u>USA</u>

3. Date Incorporated or Qualified	Applied For
<u>8-4-98</u>	<input type="checkbox"/> Not Applicable
4. FEI Number	Applied For
<u>65-0822927</u>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent	
<u>John Licurance</u>	
<u>5245 Box turtle Cir.</u>	
<u>Sarasota FL 34236</u>	

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<u>FL</u>
83	
84 City	

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] DATE 4/24/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>owner/director</u>	1.2 NAME	
STREET ADDRESS	<u>John Licurance</u>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<u>5245 Box turtle Sarasota FL 34232</u>	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/24/99 DAYTIME PHONE #: 941 330 8553