

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S25715** (1)

1. Corporation Name  
**DAVID F. POWELL, M.D., P.A.**



Principal Place of Business: **1000 SOUTH OLD DIXIE HIGHWAY SUITE 201 JUPITER FL 33458 US**  
Mailing Address: **1000 SOUTH OLD DIXIE HIGHWAY SUITE 201 JUPITER FL 33458 US**

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: **01/17/1991**  
3a. Date of Last Report: **03/24/1995**  
4. FEI Number: **65-0242785**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**POWELL, DAVID F  
1000 SOUTH OLD DIXIE HIGHWAY  
SUITE 201  
JUPITER FL 33458**

10. Name and Address of New Registered Agent  
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1505, 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

12. OFFICERS AND DIRECTORS

12.1 TITLE: **D**  DELETE  
NAME: **POWELL, DAVID F MD**  
STREET ADDRESS: **6078 WINDINGLAKE DR**  
CITY, ST, ZIP: **JUPITER FL**  
12.2 TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:  
12.3 TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:  
12.4 TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:  
12.5 TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: **D**  Change  Addition  
NAME: **POWELL, DAVID, F. MD**  
STREET ADDRESS: **19075 SE Coral Reef Lane**  
CITY, ST, ZIP: **Jupiter, FL 33458**  
13.2 TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:  
13.3 TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:  
13.4 TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:  
13.5 TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attached sheet with an address.

SIGNATURE: *David Powell* **DAVID F. POWELL**

1/31/96 407-746-0999

CR2E034 (12/95)