

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S36647 (3)

1. Corporation Name
MARILYN G. HANSEN, D.C., C.C.S.P., P.A.



Principal Place of Business
**25400 US HWY 19 N.
SUITE 251
CLEARWATER FL 34623**

Mailing Address
**25400 US HWY 19 N.
SUITE 251
CLEARWATER FL 34623**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 **PO Box 14405**

22 City & State

27 City & State

23 Zip

Country

28 **Clearwater, FL**

24

25

29 **34629-4405** 30 **USA**

9. Name and Address of Current Registered Agent

**HANSEN, MARILYN G.
25400 US HWY 19 N.
SUITE 251
CLEARWATER FL 34623**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
03/06/1991

3a. Date of Last Report
05/01/1995

4. FEIN Number
59-3054278

Applied For
Not Applicable

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0902 and 607.1109, 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 607.0905, Florida Statutes.

SIGNATURE: *Marilyn G. Hansen, DL, CCSP, PA [Marilyn G. Hansen, DL, CCSP]*

DATE: **4/3/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HANSEN, MARILYN G.	
STREET ADDRESS	25400 US HWY 19 N., #251	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (V. 12)

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hansen, Marilyn G	
STREET ADDRESS	PO Box 14405	
CITY-ST-ZIP	Clearwater, FL 34629-4405	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this return is a report or supplement to an annual report in true and accurate form 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 trustee or trustee-empowered trustee of the trust or registered 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: *Marilyn G. Hansen, DL, CCSP [Marilyn G. Hansen, DL, CCSP]* 4/3/96

813-796-8456

CR2E034 (12/95)