

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER W. WATKINS
GOVERNOR
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

09/19/1994 9:33

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **S81454** (8)
THOMAS LAMPONE, M.D., P.A.

Principal Office Address 1717 N "E" ST STE 208 PENSACOLA FL 32501 US		Mailing Address 1717 N "E" ST STE 208 PENSACOLA FL 32501 US		Date of Report 03/30/1994	
2. Principal Office Address 21 State Apt. # 22 City & State 23		2a. Mailing Address 26 State Apt. # 27 City & State 28		3. Date of Report 09/19/1991	
24.		25.		29.	
26.		27.		30.	
9. Name and Address of Current Registered Agent LAMPONE, THOMAS 1717 N "E" ST SUITE 201 PENSACOLA FL 32501				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. Pursuant to the provisions of the provisions of the 1992 Florida Statutes, the duly organized corporation submits this statement for the purpose of changing its registered office as provided in part 11 of the Statute of Florida. No 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 responsibilities as set forth in the Florida Statutes.					
SIGNATURE 12. OFFICER, AND DIRECTOR PD LAMPONE, THOMAS 1717 N "E" ST #201 PENACOLA FL					
13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS 1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME 21. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NAME 27. NAME 28. NAME 29. NAME 30. NAME 31. NAME 32. NAME 33. NAME 34. NAME 35. NAME 36. NAME 37. NAME 38. NAME 39. NAME 40. NAME 41. NAME 42. NAME 43. NAME 44. NAME 45. NAME 46. NAME 47. NAME 48. NAME 49. NAME 50. NAME 51. NAME 52. NAME 53. NAME 54. NAME 55. NAME 56. NAME 57. NAME 58. NAME 59. NAME 60. NAME 61. NAME 62. NAME 63. NAME 64. NAME 65. NAME 66. NAME 67. NAME 68. NAME 69. NAME 70. NAME 71. NAME 72. NAME 73. NAME 74. NAME 75. NAME 76. NAME 77. NAME 78. NAME 79. NAME 80. NAME 81. NAME 82. NAME 83. NAME 84. NAME 85. NAME 86. NAME 87. NAME 88. NAME 89. NAME 90. NAME 91. NAME 92. NAME 93. NAME 94. NAME 95. NAME 96. NAME 97. NAME 98. NAME 99. NAME 100. NAME					

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Sections 219.02(1)(b) Florida Statutes. I further certify that the information indicated on the annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made in accordance with that I am an officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 219 Florida Statutes, and that my name appears in the Florida Department of State's official records with an address.

SIGNATURE: *Thomas Lampone*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 904-433-7095