FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

[illegible] AM 9:33

[illegible] OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S81454 (8)

1. Corporation Name
THOMAS LAMPONE, M.D., P.A.

Principal Place of Business:
1717 N "E" ST
STE 208
PENSACOLA FL 32501
US

Mailing Address:
1717 N "E" ST
STE 208
PENSACOLA FL 32501
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1991
3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-3086801 — 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

2. Principal Place of Business
2a. Mailing Address

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

11. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAMPONE, THOMAS
STREET ADDRESS	1717 N "E" ST #201
CITY-ST-ZIP	PENACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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)(i), 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.

SIGNATURE: [signature] 4-27-95 904-433-7095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0366119 CP