

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 21 AM 10:17

DOCUMENT # V01898 (8)

1. Corporation Name

EDWARD ALAN NORMAN, M.D., P.A.

Principal Place of Business

7880 OLIVER ROAD
LARGO FL 34647

Mailing Address

7880 OLIVER ROAD
LARGO FL 34647

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/23/1991

3a. Date of Last Report

03/28/1994

4. FEI Number

59-3095535

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORMAN, EDWARD A.
7880 OLIVER ROAD
LARGO FL 34647

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 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

Edward A. Norman

(NOTE: Registered Agent signature required when reinstating)

DATE

6/6/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	NORMAN, EDWARD A.
STREET ADDRESS	7880 OLIVER ROAD
CITY-ST-ZIP	LARGO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1	TITLE	☐ Change ☐ Addition
12	NAME	
13	STREET ADDRESS	
14	CITY-ST-ZIP	
2	TITLE	☐ Change ☐ Addition
22	NAME	
23	STREET ADDRESS	
24	CITY-ST-ZIP	
3	TITLE	☐ Change ☐ Addition
32	NAME	
33	STREET ADDRESS	
34	CITY-ST-ZIP	
4	TITLE	☐ Change ☐ Addition
42	NAME	
43	STREET ADDRESS	
44	CITY-ST-ZIP	
5	TITLE	☐ Change ☐ Addition
52	NAME	
53	STREET ADDRESS	
54	CITY-ST-ZIP	
6	TITLE	☐ Change ☐ Addition
62	NAME	
63	STREET ADDRESS	
64	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 110.07(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 attachment with an address.

SIGNATURE:

Edward A. Norman

(Signature and Typed or Printed Name of Signing Officer or Director)

6/6/95

(Typed Name)