

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

MAY -1 AM 8:17

DOCUMENT # **V14514** (6)

1. Corporation Name  
**HOWARD C. LUCAS, M.D., P.A.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**560 AVENUE K, S.E.  
WINTER HAVEN FL 33880**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/14/1992** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-3112068** Applied For  Not Applicable

21. State Apt # etc. 22. State Apt # etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. City & State. 24. City & State.

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

25. Zip. 26. Zip. 27. Country. 28. Country.

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LUCAS, HOWARD  
560 AVENUE K S.E.  
WINTER HAVEN FL 33880**

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 607.014(2) and 607.150(5), Florida Statutes, this 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 607.014(5), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Not Applicable)

Signature of Registered Agent (Not Applicable)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (None)

12.1	D <b>LUCAS, HOWARD 560 AVENUE K, S.E. WINTER HAVEN FL</b>
12.2	
12.3	
12.4	
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13.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	
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13.5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13.7	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8	
13.9	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	

14. I, the undersigned, certify that the information required with this filing is substantially true and correct and complies with the provisions of Section 199.032(1), Florida Statutes. I further certify that the information included 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 for the purpose of having my name on the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Howard C. Lucas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 813 294-2450