

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S42284** (7)

1. Corporation Name
DOUGLAS A. POHL, M.D., PH.D, P.A.



Principal Place of Business: **551 SILVER LN BOCA RATON FL 33432**
Mailing Address: **551 SILVER LN - BOCA RATON FL 33432**

3. Date Incorporated or Qualified: **04/02/1991**
3a. Date of Last Report: **02/09/1995**
4. FEI Number: **65-0249254**
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
21. **35 PAR FOUR DR**
22. Suite, Apt. #, etc.
23. **AUBURN ME**
24. **04210**
25. Country
2a. Mailing Address
26. **35 PAR FOUR DR**
27. Suite, Apt. #, etc.
28. **AUBURN ME**
29. **04210**
30. Country

9. Name and Address of Current Registered Agent
**POHL, DOUGLAS A.
551 SILVER LN
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent
81. Name: **MS. MARGARET BROWN**
82. Street Address (P.O. Box Number is Not Acceptable)
83. **1000 NW 1ST AVENUE**
84. City: **BOCA RATON** State: **FL** Zip Code: **33432**

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: *Margaret Brown* 9/5/96
Signature typed or printed in block: **Margaret Brown** (Typed or printed name of registered agent)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	POHL, DOUGLAS A., M.D.	
STREET ADDRESS	551 SILVER LN	
CITY-ST-ZIP	BOCA RATON 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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	POHL, DOUGLAS A. M.D. Ph.D	
13. STREET ADDRESS	35 PAR FOUR DR	
14. CITY-ST-ZIP	AUBURN ME 04210	
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	300001774213	
43. STREET ADDRESS	-04/03/96--01107--034	
44. CITY-ST-ZIP	***200.00	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 as an attachment with an address.

SIGNATURE: *Douglas A. Pohl* 3/11/96
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
207 777-6256
Dated: 3/11/96
Typed Phone #

CR2E034 (12/95)