

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Apr 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 493716 (5)
 1. Corporation Name
STOCKWELL, REISMAN, PAULK & TAYLOR, P.A.



Principal Place of Business 2400 MICCOSUKEE ROAD TALLAHASSEE FL 32308	Mailing Address 2400 MICCOSUKEE ROAD TALLAHASSEE FL 32308-5314
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3. Date Incorporated or Qualified 01/14/1976	3a. Date of Last Report 04/16/1996
4. FEI Number 59-1641854	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent STOCKWELL, JAMES W. 2400 MICCOSUKEE ROAD TALLAHASSEE FL 32308	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOCKWELL, JAMES W.	1.2 NAME	
STREET ADDRESS	2400 MICCOSUKEE ROAD	1.3 STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE FL	1.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REISMAN, TERENCE N.	2.2 NAME	
STREET ADDRESS	2400 MICCOSUKEE ROAD	2.3 STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE FL	2.4 CITY- ST- ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULK, TIMOTHY	3.2 NAME	
STREET ADDRESS	2400 MICCOSUKEE ROAD	3.3 STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE FL	3.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, LARRY D.	4.2 NAME	
STREET ADDRESS	2400 MICCOSUKEE ROAD	4.3 STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE FL	4.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGAN, MICHAEL J.	5.2 NAME	
STREET ADDRESS	2400 MICCOSUKEE ROAD	5.3 STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE FL	5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing 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: Terence Reisman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Terence N. Reisman, M.D.
 Date: _____ Daytime Phone #: _____

CP2E034 (9/96)