

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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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APPROVED FOR FILING
 93-3565201
 RECEIVED
 93-3565201



DOCUMENT # 853634
 1. Corporation Name
EASTERN PROFESSIONAL PROPERTIES, INC.

Principal Place of Business Mailing Address
3820 STATE STREET **3820 STATE STREET**
SANTA BARBARA CA 93105 **SANTA BARBARA CA 93105**
US **US**

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

9. Name and Address of Current Registered Agent

81. Name	CT CORPORATION SYSTEM
82. Street Address (P.O. Box Number is Not Acceptable)	1200 SOUTH PINE ISLAND ROAD
83. City	PLANTATION FL 33324
84. City	
85. Zip Code	FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/02/1982**

4. FEI Number: **93-3565201** 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 owes the current year Intangible Personal Property Tax: Yes No

10. Name and Address of New Registered Agent

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and the filer) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSVP	11 TITLE	VSD
NAME	BROWN, SCOTT M.	12 NAME	Richard B. Silver
STREET ADDRESS	3820 STATE STREET	13 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA BARBARA CA 93105	14 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	P	21 TITLE	Gregory Burfitt
NAME	FOCHT, MICHAEL H	22 NAME	2010 Brookwood Medical Center Dr.
STREET ADDRESS	3820 STATE STREET	23 STREET ADDRESS	Birmingham, AL 35209
CITY-ST-ZIP	SANTA BARBARA CA 93105	24 CITY-ST-ZIP	
TITLE	EVP	31 TITLE	
NAME	MACKEY, THOMAS B	32 NAME	
STREET ADDRESS	2011 POLOMAR AIRPORT RD.	33 STREET ADDRESS	
CITY-ST-ZIP	CARLSBAD CA 92009	34 CITY-ST-ZIP	
TITLE	VPT	41 TITLE	
NAME	MCMULLEN, TERENCE P.	42 NAME	
STREET ADDRESS	3820 STATE STREET	43 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	44 CITY-ST-ZIP	
TITLE	EVP	51 TITLE	
NAME	SMITH W. RANDOLPH	52 NAME	
STREET ADDRESS	14001 DALLAS PARKWAY, STE. 200	53 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	AS
NAME	LUNDGREN, ALAN	62 NAME	Caitlin M. Larsen
STREET ADDRESS	3820 STATE STREET	63 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA BARBARA CA 93105	64 CITY-ST-ZIP	Santa Barbara, CA 93105

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered

SIGNATURE: *Caitlin M. Larsen* Caitlin M. Larsen, Asst. Sec. 4/8/99 805/563-7075

CR2E034 (11/98)