

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N26140 (6)

1. Corporation Name
JEFFERSON PARK PROFESSIONAL CENTER, INC.



Principal Place of Business	Mailing Address
3015 N JEFFERSON STREET SUITE D MARIANNA FL 32446 US	3015 N JEFFERSON STREET SUITE D MARIANNA FL 32446 US

3. Date Incorporated or Qualified 04/27/1988	3a. Date of Last Report 03/17/1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2845835	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28		
Zip	Country	29	30
24	25	29	30

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

**PAYNE, ROBERT W.
3373 BEVIA ROAD
MARIANNA FL 32446**

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 617.0502 and 617.1508, 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 617.0503, 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	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAYNE, ROBERT W.	1.2 NAME	PAYNE, Suzanne
STREET ADDRESS	3373 BEVIA RD	1.3 STREET ADDRESS	3373 Bevia Rd.
CITY-ST-ZIP	MARIANNA FL	1.4 CITY-ST-ZIP	Marianna FL. 32446
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, JAMES	2.2 NAME	
STREET ADDRESS	3107 W 30TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, LEON	3.2 NAME	
STREET ADDRESS	ROUTE 6, BOX 156	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	600001753746
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-03/22/96-01013--002
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert W Payne, DAS Date: 2-1-96 Daytime Phone #: 526-2511

CR2E037 (12/95)