


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004082 (4)
 1. Corporation Name
REID MEDICAL BUILDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1325 SAN MARCO BLVD SUITE 901 JACKSONVILLE FL 32207	Mailing Address 1325 SAN MARCO BLVD SUITE 901 JACKSONVILLE FL 32207
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3. Date Incorporated or Qualified 09/07/1993	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3217319	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business c/o William C. Mason 21 1301 Riverplace Blvd Suite, Apt. #, etc. 22 Suite 1700 City & State 23 Jacksonville, FL Zip 24 32207	2a. Mailing Address c/o William C. Mason 26 1301 Riverplace Blvd. Suite, Apt. #, etc. 27 Suite 1700 City & State 28 Jacksonville, FL Zip 29 32207	Country 25 USA	Country 30 USA
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9. Name and Address of Current Registered Agent
SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
 81 Name **Harvey Granger, General Counsel**
 82 Street Address (P.O. Box Number is Not Acceptable)
1301 Riverplace Blvd.
Suite 1700
 84 City **Jacksonville** **FL** 85 Zip Code **32207**

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 *Harvey Granger* **Harvey Granger** **7-29-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMPSON, CAROL C	
STREET ADDRESS	1325 SAN MARCO BLVD SUITE 901	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PARRETT, DONALD O	
STREET ADDRESS	1325 SAN MARCO BLVD SUITE 901	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PERRY, KENNETH C	
STREET ADDRESS	1325 SAN MARCO BLVD SUITE 901	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	JACKSON, REBECCA B	
STREET ADDRESS	1325 SAN MARCO BLVD SUITE 901	
CITY-ST-ZIP	JACKSONVILLE FL	
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

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thompson, Carol C.	
1.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700	
1.4 CITY-ST-ZIP	Jacksonville, FL 32207	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	AS/AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jackson, Rebecca B.	
4.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700	
4.4 CITY-ST-ZIP	Jacksonville, FL 32207	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Rebecca B. Jackson* **Rebecca B. Jackson** **7-29-96** **904/202-4001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)