

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000067959 (3)
 1. Corporation Name
JOHN F. OLIVA, M.D., P.A.



Principal Place of Business 3700 EMERGENCY LANE SEBRING FL 33870 US	Mailing Address 3700 EMERGENCY LANE SEBRING FL 33870 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/01/1995

2. Principal Place of Business 21 3589 S. Highlands Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 3589 S. Highlands Ave. Suite, Apt. #, etc.
22 City & State Sebring FL	27 City & State Sebring FL
23 Zip 33870 25 Country US	28 Zip 33870 30 Country US

4. FEI Number 65-0608959	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WALKER, MICHAEL B
 900 SUN BANK BLDG.
 777 BRICKELL AVE.
 MIAMI FL 33131**

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 _____ DATE _____
Signature typed or printed name of registered agent and title, if applicable (NR311 - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	OLIVA, JOHN F	
STREET ADDRESS	3012 WYNSTONE DR	
CITY-ST-ZIP	SEBRING FL	
TITLE	T	<input type="checkbox"/>
NAME	QUICK, JANICE C	
STREET ADDRESS	312 WYNSTONE DR	
CITY-ST-ZIP	SEBRING FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	OLIVA, JOHN F		
1.3 STREET ADDRESS	3246 WYNSTONE CT.		
1.4 CITY-ST-ZIP	SEBRING FL 33872		
2.1 TITLE	T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	QUICK, JANICE C		
2.3 STREET ADDRESS	3246 WYNSTONE CT.		
2.4 CITY-ST-ZIP	SEBRING FL 33872		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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: *Janice C Quick* 10/28/98 941-471-3100

CR2E034 (10/97)