

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

FILED
Feb 12, 1999 8:00 am
Secretary of State

02-12-1999 90007 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000045130

1. Corporation Name
ASANTE-KORANG, EDWARDS, GIROUD, HENRY, HUHTA, MARTINEZ, MCCORMACK & SUH, M.D., P.A.



Principal Place of Business 880 6TH ST SOUTH, SUITE 280 ST PETERSBURG FL 33701	Mailing Address 880 6TH ST SOUTH, SUITE 280 ST PETERSBURG FL 33701
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Data Incorporated or Qualified 05/18/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3511771	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GIRLOUD, JORGE M 880 SIXTH STREET SOUTH SUITE 280 ST PETERSBURG FL 33701		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. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, THOMAS	1.2 NAME	
STREET ADDRESS	880 6TH ST SOUTH, SUITE 280	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIROUD, JORGE M	2.2 NAME	
STREET ADDRESS	880 6TH ST SOUTH, SUITE 280	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, JAMES G	3.2 NAME	
STREET ADDRESS	880 6TH ST SOUTH, SUITE 280	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, RICHARD M	4.2 NAME	
STREET ADDRESS	880 6TH ST SOUTH, SUITE 280	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUHTA, JAMES	5.2 NAME	
STREET ADDRESS	880 6TH ST SOUTH, SUITE 280	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUH, ELSA	6.2 NAME	
STREET ADDRESS	880 6TH ST SOUTH, SUITE 280	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701	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 with all other like empowered.

SIGNATURE: _____ Date: 1-21-99
Signature and typed or printed name of signing officer or director Daytime Phone #: 727 892-4200

CR2E034 (1/198)