


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

FILED
Jan 16 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 # S94418 (8)

1. Corporation Name
LUIS MERCED, M.D., P. A.



Principal Place of Business 2900 17TH STREET SUITE 5 ST. CLOUD FL 34769	Mailing Address 2900 17TH STREET SUITE 5 ST. CLOUD FL 34769
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 201 Hilda St. Suite, Apt. #, etc. 22 Suite 21 City & State 23 Kissimmee, Fl. Zip 24 34741 Country 25 Osceola	2a. Mailing Address 26 201 Hilda St. Suite, Apt. #, etc. 27 Suite 21 City & State 28 Kissimmee, Fl. Zip 29 34741 Country 30 Osceola
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3. Date Incorporated or Qualified 11/01/1991	4. FEI Number 59-3042445	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

**MERCED, LUIS M.D.
 119 MOSS BLUFF ROAD
 KISSIMMEE FL 34748**

10. Name and Address of New Registered Agent

81 Name MERCED, LUIS M.D.
82 Street Address (P.O. Box Number is Not Acceptable) 14343 Sport Club Way
83
84 City Orlando
85 Zip Code 32837

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: *[Signature]* DATE: **1/16/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTS	<input type="checkbox"/> DELETE
NAME	MERCED, LUIS M.D.	
STREET ADDRESS	119 MOSS BLUFF ROAD	
CITY-ST-ZIP	KISSIMMEE FL 34748	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PTS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MERCED, LUIS M.D.	
1.3 STREET ADDRESS	14343 Sport Club Way	
1.4 CITY-ST-ZIP	Orlando, Fl. 32837	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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: *[Signature]* DATE: **1/16/98**

CR2E034 (10/97)