


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

FILED

Feb 09 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 # 301122 (8)
1. Corporation Name
MEDICAL OFFICES, INC.

Principal Place of Business 306 SOUTH TENTH STREET HAINES CITY FL 33844	Mailing Address 306 SOUTH TENTH STREET HAINES CITY FL 33844
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/21/1966		4. FEI Number 59-1195964 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent STINE, JAY C JR 306 SOUTH TENTH ST HAINES CITY FL 33844				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

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	STINE, JAY C			1.2 NAME			
STREET ADDRESS	306 S 10TH ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	HAINES CITY, FL 0			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEGNAN, MICHAEL			2.2 NAME			
STREET ADDRESS	2612 CREST DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	HAINES CITY FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREEN, DAVID E.			3.2 NAME			
STREET ADDRESS	306 S 10TH STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	HAINES CITY FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAIN, MANUEL G.			4.2 NAME			
STREET ADDRESS	1488 LAKE MIRROR NW			4.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOORE, JOHN W.			5.2 NAME			
STREET ADDRESS	3224 LAKE BREEZE DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	HAINES CITY FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THORNTON, FRANK J.			6.2 NAME			
STREET ADDRESS	3204 LAKE BREEZE DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	HAINES CITY FL			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 for an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay C. Stine

2/5/98 (941) 472-9562

CR2E034 (10/97)