

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

FILED
Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 464153 (6)

1. Corporation Name
JAIME ILLEL, M.D., P.A.



Principal Place of Business 410 SANDY HOOK ROAD TREASURE ISLAND FL 33706-1211 US	Mailing Address 410 SANDY HOOK ROAD TREASURE ISLAND FL 33706-1211 US
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2. Principal Place of Business 21 9200 Park Boulevard Suite, Apt. #, etc. 22 Apt. # 405 City & State 23 Seminole Florida Zip 24 33777 Country 25 US		2a. Mailing Address 26 9200 Park Boulevard Suite, Apt. #, etc. 27 Apt. # 405 City & State 28 Seminole, Florida Zip 29 33777 Country 30 US		3. Date Incorporated or Qualified 10/25/1974	3a. Date of Last Report 02/23/1996
		4. FEI Number 59-1561844		Applied For 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	
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ILLEL, JAIME M.D. 410 SANDY HOOK RD. TREASURE ISLAND FL 33706		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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	<input type="checkbox"/> DELETE	1.1 TITLE PT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ILLEL, JAIME		1.2 NAME ILLEL, JAIME	
STREET ADDRESS 410 SANDY HOOK ROAD		1.3 STREET ADDRESS 9200 PARK BOULEVARD,, Apt. # 405	
CITY-ST-ZIP TREASURE ISLAND FL		1.4 CITY-ST-ZIP SEMINOLE, FL 33777	
TITLE VSD	<input type="checkbox"/> DELETE	2.1 TITLE VSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ILLEL, JAIME		2.2 NAME ILLEL, JAIME	
STREET ADDRESS 410 SANDY HOOK ROAD		2.3 STREET ADDRESS 9200 PARK BOULEVARD, APT. 405	
CITY-ST-ZIP TREASURE ISLAND FL		2.4 CITY-ST-ZIP SEMINOLE, FL 33777	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0374920

CR2E034 (9/96)