

FILED

Apr 17 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 # 464272 (4)	
1. Corporation Name DEMIRANDA, EDWARD G., M.D., P.A.	
Principal Place of Business 580 W. 8TH STREET SUITE 910 JACKSONVILLE FL 32209	Mailing Address 580 W. 8TH STREET SUITE 910 JACKSONVILLE FL 32209-6533

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent		81	Name
DE MIRANDA, EDWARD 580 W. 8TH ST., STE.910 JACKSONVILLE FL 32209		82	Street Address
		83	
		84	City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Eg. De Miranda LLC

Print name and/or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)

12.	OFFICERS AND DIRECTORS	13.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE PD DEMIRANDA, EDWARD 3688 TIMUCUA TRAIL JACKSONVILLE FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP

3. Date Incorporated or Qualified 10/21/1974		3a. Date of Last Report 03/28/1996	
4. FEI Number 59-1564391		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	
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
10. Name and Address of New Registered Agent			
ess (P.O. Box Number is Not Acceptable)			
FL		85	Zip Code
corporation submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered			
(when reinstating)		1/6/97 DATE	

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: Eg. De Miranda MD **PRESIDENT** 1/6/97 (904) 353 4824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)