

DOCUMENT # 486989	
1. Entity Name MICHAEL M. MICHAELS, M.D., A PROFESSIONAL ASSOCI	

Principal Place of Business PUTNAM MEDICAL ARTS BLDG., SUITE 4 700 ZEAGLER DRIVE PALATKA FL 32177	Mailing Address PUTNAM MEDICAL ARTS BLDG., SUITE 4 700 ZEAGLER DRIVE PALATKA FL 32177
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	

Zip	Country	Zip	Country
-----	---------	-----	---------

6. Name and Address of Current Registered Agent	
CLARK, RONALD E 501 ST JOHNS AVENUE PALATKA FL 32177	

4. FEI Number 59-1624551	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARK, RONALD E 501 ST JOHNS AVENUE PALATKA, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHAELS, MICHAEL M 700 ZEAGLER DRIVE PALATKA, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA MICHAELS DEBRA A 700 ZEAGLER DR PALATKA FL 32177 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u><i>Michael M. Michaels</i></u> MICHAEL M. MICHAELS	Date 1/2/01	Daytime Phone # (904) 325-4541
---	--------------------	---------------------------------------

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90055 012 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)