


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

FILED

Apr 20 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 # **487077** (0)
1. Corporation Name
ATLANTIC COAST OB-GYN, P.A.

Principal Place of Business 830 CENTURY MEDICAL DRIVE TITUSVILLE FL 32796	Mailing Address 830 CENTURY MEDICAL DRIVE TITUSVILLE FL 32796
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1832 Garden St. Suite, Apt. #, etc. 22 Suite A City & State 23 Titusville FL Zip 24 32796		2a. Mailing Address 26 1832 Garden St. Suite, Apt. #, etc. 27 Suite A City & State 28 Titusville FL Zip 29 32796 Country 30 USA		3. Date Incorporated or Qualified 10/01/1975	
		4. FEI Number 59-1617908		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 type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent PATRIZIO, SABATINO A 830 CENTURY MEDICAL DRIVE TITUSVILLE FL 32796		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1832 Garden St. 83 Suite A 84 City Titusville FL 85 Zip Code 32796	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRIZIO, SABATINO	12 NAME	
STREET ADDRESS	830 CENTURY MEDICAL DRIVE	13 STREET ADDRESS	1832 Garden St., Suite A
CITY-ST-ZIP	TITUSVILLE FL	14 CITY-ST-ZIP	Titusville FL 32796
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, THOMAS	22 NAME	
STREET ADDRESS	830 CENTURY MEDICAL DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 from an appointment with an address.

SIGNATURE:  **S. A. Patrizio MO** **4/14/98 (401) 269-1223**

CR2E034 (10/97)