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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 489989

(4)

JAMES WM. DICKEY, JR., M.D., P.A.

FILED Apr 24 1997 8:00am Secretary of State

Principal Plac 3625 COUNTY I LABELLE FL 33 US	ROAD 78 WEST	Mailing Address 3625 COUNTY ROAD 78 WEST LABELLE FL 33935-9638 US		Date Incorporated or Qualified     3a. Date of Last Report	
2. Princinal P	lace of Business	2a. Mailing Address		11/10/1975 4. FEI Number	03/11/1996 Applied For
21	idoo or Suomess	26		59-1629767	Not Applicable
Suite, Apt. #, etc.		Suito, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		or intangible tax under s. 199.032,
24	9. Name and Address of Current	29 Registered Agent	30	Florida Statutes  10. Name and Address of New 1	Yes No
חות		Linhistoren Whalit	81 Name	IV. Name and Address of New	Jedieralan Whatti
DICKEY JR, JAMES WILLIAM 3625 COUNTY ROAD 78 WEST LABELLE FL 33935			82 Street Ad	ddress (P.O. Box Number is Not Accep	lable)
			84 City		FL 85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligat	and 607,1508, Florida Statu f Florida. Such change was ions of, Section 607,0505, F	tes, the above-named of authorized by the corpo- lorida Statutes.	orporation submits this statement for the ration's board of directors. I hereby acc	e purpose of changing its registered cept the appointment as registered
SIGNATURE					· · · · · · · · · · · · · · · · · · ·
12.	Signature, typed or printed name of registered agent OFFICERS AND		II : Firgistored Agent signature re		DATE FICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	11 11 LE	ADDITIONS/OFFICES TO OF	Change Addition
NAME	DICKEY, JAMES WM., JR.	<b>_</b>	1.2 NAME		
STREET ADDRESS	3625 COUNTY ROAD 78 WEST		1.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL		1.4 CITY - \$1 - ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		Charige Addition
NAME	DICKEY, JAMES WM., JR.		2.2 NAME		
STREET ADDRESS	3625 COUNTY ROAD 78 WEST		2.3 STRUET ADDRESS		
CITY-ST-ZIP	LABELLE FL		2. 4 Cf(Y-S1-ZIP		
TITLE		DELETE	3.11016		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Thorse	3 4. CITY - S1 - ZIP		06
TITLE		DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 C(1) Y - S1 - Z(P		Change Addition
TITLE		ן שוננונ ויין אנינונ	5.1 TÜLE		Change Addition
NAME STREET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	160	DELETE	5.4 GITY - S1 - ZIP 6.1 TITLE		Change Addition
NAME		L. Mett	6.2 NAME		
			1		
STREET ADDRESS	· '		6.3 STREET ADDRESS		
CITY-ST-ZIP	by certify that the information supplied	with this file a does not qual	ify for the exemption eta	ted in Section 119 07(3)(i) Florida Statu	toe I further cortify that the

4. 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 eath; that it 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 approximant with an address.

SIGNATURE: Sever Wer liet of James William Dicken Ir 19april 97 941-675-5887