


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 22 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 530141 (1)
 1. Corporation Name
 EMILIO M. MUFDI, M.D., P.A.



Principal Place of Business: 2671 SWAMP CABBAGE CT, FT. MYERS FL 33901 US
 Mailing Address: PO BOX 60919, FT. MYERS FL 33906 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 6120 WINKLER ROAD, SUITE 6, FORT MYERS, FL 33919, LEE
 2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: 04/01/1977
 4. FEI Number: 59-1734453
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes

9. Name and Address of Current Registered Agent: MUFDI, M.D., EMILIO M, 2871 SWAMP CABBAGE CT, FT. MYERS FL 33907

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

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: EMILIO M. MUFDI, M.D., PRESIDENT, 7-13-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MUFDI, M.D., EMILIO M	
STREET ADDRESS	2871 SWAMP CABBAGE CT.	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MUFDI, MARGARET	
STREET ADDRESS	2871 SWAMP CABBAGE CT.	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6120 WINKLER ROAD, STE G
1.4 CITY-ST-ZIP	FORT MYERS, FL 33919
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6120 WINKLER ROAD, STE G
2.4 CITY-ST-ZIP	FORT MYERS, FL 33919
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 checked, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE REQUIRED 7-13-98 941 482,2280

CR2E034 (5/98)