

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY -1 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **550767** (8)

1. Corporation Name
JAMES F. SMITH, M.D., P.A.

Principal Place of Business: **200 BUTLER ST SUITE 201 WEST PALM BEACH FL 33407**
Mailing Address: **200 BUTLER ST SUITE 201 WEST PALM BEACH FL 33407**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	11/11/1977	05/01/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FPI Number	Applied For
22	27	59-1775995	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30
		7. The corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
SMITH, JAMES F. M.D. 200 BUTLER ST SUITE 201 WEST PALM BEACH FL 33407		B1	Name	
		B2	Street Address (P.O. Box Number is Not Acceptable)	
		B3		
		B4	City	FL

11. Pursuant to the provisions of Sections 197.07(2) and 197.15(8), 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 Sections 197.07(2) and 197.15(8), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12-1	PD SMITH, JAMES F. 4272 MAGNOLIA STREET PALM BCH GARDENS FL	13-1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-2	S SMITH, ANNE S. 4272 MAGNOLIA ST PALM BCH GARDENS FL	13-2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-3		13-3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-4		13-4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-5		13-5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-6		13-6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-7		13-7	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-8		13-8	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 197.07(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1A, (except for my appointment with an address).

SIGNATURE: *James F. Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR