

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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~~

3. Date Incorporated or Qualified: **11/11/1977**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-1775995**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **4272 Magnolia St**  
2a. Mailing Address: **Same**  
21. Suite, Apt. #, etc.:  
22. City & State: **Palm Beach Gardens, Fla**  
23. Zip: **33418** 25. Country: **Palm Beach** 29. City & State:  
24. Zip: **33418** 25. Country: **Palm Beach** 29. City & State:

9. Name and Address of Current Registered Agent: **SMITH, JAMES F. M.D. 200 BUTLER ST SUITE 201 WEST PALM BEACH FL 33407**  
10. Name and Address of New Registered Agent:  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable):  
83.  
84. City: **FL** 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: *James F. Smith* (NOTE: Registered Agent signature required when registering) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
PD	SMITH, JAMES F. 4272 MAGNOLIA STREET PALM BCH GARDENS FL	<input type="checkbox"/> DELETE	
S	SMITH, ANNE S. 4272 MAGNOLIA ST PALM BCH GARDENS FL	<input checked="" type="checkbox"/> CHANGE	<i>Securcom michael B. Spang 4272 Magnolia St Palm Beach Gardens Fla</i>
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certifies 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James F. Smith, Pres* Date: **5/24/96**

CR2E034 (12/95)