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**Apr 21 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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
**4272 MAGNOLIA STREET
PALM BEACH GARDENS FL 33418
US**

Mailing Address
**4272 MAGNOLIA STREET
PALM BEACH GARDENS FL 33418-3928
US**

3. Date Incorporated or Qualified 11/11/1977	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1775995	Applied For <input type="checkbox"/> Not Applicable
6. 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 MD* DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, JAMES F.	
STREET ADDRESS	4272 MAGNOLIA STREET	
CITY - ST - ZIP	PALM BCH GARDENS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPONG, MIDYL S	
STREET ADDRESS	4272 MAGNOLIA STREET	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33418	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD JAMES F Smith
1.3 STREET ADDRESS	200 Butler St - Ste. 205
1.4 CITY - ST - ZIP	West Palm Beach, FL 33407
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S Spong, Midye S
2.3 STREET ADDRESS	200 Butler St - Ste. 205
2.4 CITY - ST - ZIP	Wb + PALM Beach FL 33407

14. 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 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, or on an attachment with an address.

SIGNATURE: *James F. Smith* Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP-2E034 (9/96)