


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

FILED

**May 12 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 # 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 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **631 U.S. Highway #1, Suite 411, North Palm Beach, FL 33408**

2a. Mailing Address: **P.O. Box 14005, North Palm Beach, FL 33408**

3. Date Incorporated or Qualified: **11/11/1977**

4. FEI Number: **59-1775995**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$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 No

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: **631 U.S. Highway #1, Suite 411, North Palm Beach, FL 33408**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JAMES F.	1.2 NAME	
STREET ADDRESS	200 BUTLER STREET, #205	1.3 STREET ADDRESS	579 N.E. Plantation Road #402 N
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPONG, MIDYL S	2.2 NAME	MIDGE S. SPONG
STREET ADDRESS	200 BUTLER STREET, #205	2.3 STREET ADDRESS	3100 N. Elm ST. #40G
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	Greensboro, NC 27408
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address.

SIGNATURE: *James F. Smith* James F. Smith 4/20/98 (407) 840-2222

CR2E034 (10/97)