
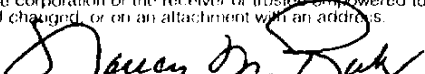


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 10 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 # 571211 (2)					
1. Corporation Name E. CRAIG RABY, M.D., P.A.					
Principal Place of Business 310 S PALM AVE STE 10 PALATKA FL 32177 US			Mailing Address 310 S PALM AVE STE 10 PALATKA FL 32177 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/08/1978	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc	4. FEI Number 59-1833560	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent RABY, NANCY M. 310 S PALM AVE STE 10 PALATKA FL 32177				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	RABY, E. CRAIG				
STREET ADDRESS	310 SOUTH PALM AVENUE #10				
CITY-ST-ZIP	PALATKA FL				
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	RABY, NANCY M.				
STREET ADDRESS	310 S PALM AVENUE #10				
CITY-ST-ZIP	PALATKA FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.1	TITLE				
1.2	NAME				
1.3	STREET ADDRESS				
1.4	CITY-ST-ZIP				
2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2	NAME				
2.3	STREET ADDRESS				
2.4	CITY-ST-ZIP				
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 changed, or on an attachment with an address.					
SIGNATURE:  2-3-98 904-328-5746					

CR2E034 (10/97)