


FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	May 08 1997 8:00am Secretary of State	
DOCUMENT # 594829 (4)				
1. Corporation Name JAMES T. FRIEDLAND, M.D., P.A.				
Principal Place of Business 12104 MYRTLE OAK CIRCLE - PALM BEACH GARDENS FL 33410-3299 US		Mailing Address 12104 MYRTLE OAK CIRCLE - PALM BEACH GARDENS FL 33410-3299 US		
		3. Date Incorporated or Qualified 12/19/1978		3a. Date of Last Report 02/01/1996
2. Principal Place of Business 21 103 Banyan Isle Dr		2a. Mailing Address 26 P.O. Box 31988		4. FEI Number 59-1868141
Suite, Apt. #, etc. 22 Palm Beach Gardens Fl.		Suite, Apt. #, etc. 27		Applied For Not Applicable
City & State 23		City & State 28 Palm Beach Gardens		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33418		Country 25 Palm Beach		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		Zip 29 33420-1988		30 Palm Beach
9. Name and Address of Current Registered Agent				
FRIEDLAND, JAMES % MALLAH, FURMAN & CO. PA 101 SOUTH BAYSHORE DRIVE, # 1400 MIAMI FL 33131				
10. Name and Address of New Registered Agent				
81 Name				
82 Street Address (P.O. Box Number is Not Acceptable)				
83				
84 City				
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	PO	<input type="checkbox"/> DELETE		
NAME	FRIEDLAND, JAMES			
STREET ADDRESS	12104 MYRTLE OAK COURT			
CITY-ST-ZIP	PALM BEACH GARDENS 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				
TITLE		<input type="checkbox"/> DELETE		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
<input checked="" 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				
2.2 NAME				
2.3 STREET ADDRESS				
2.4 CITY-ST-ZIP				
3.1 TITLE				
3.2 NAME				
3.3 STREET ADDRESS				
3.4 CITY-ST-ZIP				
4.1 TITLE				
4.2 NAME				
4.3 STREET ADDRESS				
4.4 CITY-ST-ZIP				
5.1 TITLE				
5.2 NAME				
5.3 STREET ADDRESS				
5.4 CITY-ST-ZIP				
6.1 TITLE				
6.2 NAME				
6.3 STREET ADDRESS				
6.4 CITY-ST-ZIP				
000002184330				
-05/20/97--01003--039				
***165.00				
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: X [Signature] 4/26/97				
DAYLINE PHONE: #				