

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

FILED  
Apr 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
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DOCUMENT # 600355 (2)

1. Corporation Name  
EARDLEY, MORRIS AND HOLLIS, M.D., P.A.

Principal Place of Business  
P O BOX 48  
1415 DUNN AVE  
DAYTONA BEACH FL 32115

Mailing Address  
P O BOX 48  
1415 DUNN AVE  
DAYTONA BEACH FL 32115



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/07/1968	
21		26		4. FEI Number 59-1208931	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent CHARLES M. BURKETT 1415 DUNN AVENUE DAYTONA BEACH FL 32114		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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, CHARLES R M	1.2 NAME	
STREET ADDRESS	1415 DUNN AVE. - PO Box 48	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, STEPHEN G M	2.2 NAME	
STREET ADDRESS	1415 DUNN AVENUE - PO Box 48	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, MELVIN	3.2 NAME	
STREET ADDRESS	1415 DUNN AVENUE - PO Box 48	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYALS, RICHARD J.	4.2 NAME	SIRAGUSA, Roy J.
STREET ADDRESS	1415 DUNN AVENUE	4.3 STREET ADDRESS	1415 Dunn Ave - PO Box 48
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP	Daytona Bch, FL 32115
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG, WALTER P	5.2 NAME	VUSCHOK, Thomas J.
STREET ADDRESS	1415 DUNN AVENUE	5.3 STREET ADDRESS	1415 Dunn Ave PO Box 48
CITY-ST-ZIP	DAYTONA BEACH FL	5.4 CITY-ST-ZIP	Daytona Bch, FL 32115
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKETT, CHARLES M.	6.2 NAME	
STREET ADDRESS	1415 DUNN AVENUE - PO Box 48	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	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:



4-6-98 904255-5496

CR2E034 (10/97)