

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

FILED

**Apr 20 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 # 600545 (8)

1. Corporation Name
DRS. MORI, BEAN AND BROOKS, P. A.

Principal Place of Business 3599 UNIVERSITY BLVD., SOUTH BLDG 300 JACKSONVILLE FL 32216 US	Mailing Address 3599 UNIVERSITY BLVD., SOUTH BLDG 300 JACKSONVILLE FL 32216 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

3. Date Incorporated or Qualified 11/01/1968	
4. FEI Number 59-1226176	Applied For Not Applicable
5. 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 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

**MORI, PAUL A
3599 UNIVERSITY BLVD S
BLDG 300
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

81 Name	Joseph Utz
82 Street Address (P.O. Box Number is Not Acceptable)	3599 University Blvd. S. Bldg. 300
83	
84 City	Jacksonville
85 Zip Code	FL 32216

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 Joseph A. Mori DATE 4/9/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, LUANN B	
STREET ADDRESS	3599 UNIVERSITY BLVD S BLDG 300 JACKSONVILLE, FL 00000	
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FRANK SANCHEZ	
STREET ADDRESS	3599 UNIVERSITY BLVD S BLDG 300 JAX FL	
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	R. STEPHEN SURRETT	
STREET ADDRESS	3599 UNIVERSITY BLVD S BLDG 300 JAX FL	
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	UTZ, JOSEPH	
STREET ADDRESS	3599 UNIVERSITY BLVD S BLDG 300 JAX FL	
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

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joseph Utz	
1.3 STREET ADDRESS	3599 University Blvd. S. Bldg 300 Jacksonville, FL 32216	
1.4 CITY-ST-ZIP		
2.1 TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	R. Stephen Surratt	
2.3 STREET ADDRESS	3599 University Blvd. S. Bldg. 300 Jacksonville, FL 32216	
2.4 CITY-ST-ZIP		
3.1 TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Steve Shirley	
3.3 STREET ADDRESS	3599 University Blvd. S. Bldg 300 Jacksonville, FL 32216	
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.

CR2E034 (10/97)

4-9-98