


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

FILED

**Jan 27 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 # 600749 (6)

1. Corporation Name
KENDALL M. BECKMAN, M.D., P.A.



Principal Place of Business 511B HARBOR CITY BLVD MELBOUREN FL 32935	Mailing Address 511B HARBOR CITY BLVD MELBOUREN FL 32935
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 208 Riverside Dr.	26 208 Riverside Dr.
22 Sulte, Apt. #, etc.	27 Sulte, Apt. #, etc.
23 Melbourne Beach, FL	28 Melbourne Beach, FL
24 32951	29 32951

3. Date Incorporated or Qualified 12/31/1968
4. FEI Number 59-1225770
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BECKMAN, KENDALL M
511 B HARBOR CITY BLVD
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

81 Name Beckman, Kendall M
82 Street Address (P.O. Box Number is Not Acceptable) 208 Riverside Dr.
83
84 City Melbourne Beach
85 Zip Code FL 32951

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	PD BECKMAN, KENDALL M	511B NORTH HARBOR CITY MELBOURNE FL		
	D BECKMAN, PATRICIA W.	208 RIVERSIDE DRIVE MELBOURNE BEACH FL		
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	208 Riverside Dr.
1.4 CITY-ST-ZIP	Melbourne Beach, FL 32951
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	208 Riverside Dr.
2.4 CITY-ST-ZIP	Melbourne Beach, FL 32951
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: *Kendall M. Beckman, M.D., P.A.* 150 Jan. 98

CR2E034 (10/97)