

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

FILED

Feb 16 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 # 600779 (3)

1. Corporation Name  
AMBROSE G. UPDEGRAFF, M.D., P.A.

Principal Place of Business  
1607 NINTH ST NORTH  
ST PETERSBURG FL 33704

Mailing Address  
1607 NINTH ST NORTH  
ST PETERSBURG FL 33704



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 1101-81st St. S.
22 City & State	27 City & State
23 Zip	28 St. Petersburg, FL
24 Country	29 Zip
25	30 33707

3. Date Incorporated or Qualified	Applied For
01/02/1969	Not Applicable
4. FEI Number	8.75 Additional Fee Required
59-1237250	
5. Certificate of Status Desired	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
	Yes No

9. Name and Address of Current Registered Agent  
UPDEGRAFF, AMBROSE G  
1607 NINTH ST N  
ST PETERSBURG FL 33704

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
St. Petersburg FL 33707

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

*Ambrose G. Updegraff*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	UPDEGRAFF, AMBROSE G	
STREET ADDRESS	16248 GULF BLVD.	
CITY-ST-ZIP	REDINGTON BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	UPDEGRAFF, RAMONA	
STREET ADDRESS	16248 GULF BLVD.	
CITY-ST-ZIP	REDINGTON BEACH 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		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1101-81st St. S.	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33707	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1101-81st St. S.	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33707	
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:

*Ambrose G. Updegraff*

*Ramona Updegraff*

2-10-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 00000000

CR2E034 (10/97)