

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 02 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 601157 (1)

1. Corporation Name
CLIVE E. ROBERSON, M.D., INC.



Principal Place of Business 2045 BROWARD AVE WEST PALM BEACH FL 33407	Mailing Address 2045 BROWARD AVE WEST PALM BEACH FL 33407
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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	25
29	30

3. Date Incorporated or Qualified 06/27/1969	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1268612	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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

**PROSECK, ROBERT
 201 S. BISCAYNE BLVD.
 SUITE 2200
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **Teresa Wilson**

82 Street Address (P.O. Box Number is Not Acceptable)
2045 Broward Avenue

83

84 City **West Palm Beach** FL 85 Zip Code **33407**

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 *Teresa Wilson* 8-14-97
 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	PO	1.1 TITLE	President, D.S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERSON, CLIVE E	1.2 NAME	Phillip D. Suiter
STREET ADDRESS	2045 BROWARD AVENUE	1.3 STREET ADDRESS	5310 Maryland Way, Suite 300
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	Brentwood, TN 37027
TITLE	SD	2.1 TITLE	T.D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERSON, CLIVE E.	2.2 NAME	LeAnne Zumwalt
STREET ADDRESS	2045 BROWARD AVENUE	2.3 STREET ADDRESS	1950 Gateway Dr, Suite 500
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	San Mateo, CA 94404
TITLE		3.1 TITLE	Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Chuck Ott
STREET ADDRESS		3.3 STREET ADDRESS	1950 Gateway Dr, Suite 500
CITY-ST-ZIP		3.4 CITY-ST-ZIP	San Mateo, CA 94404
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 *[Signature]*

CP2E034 (4/97)