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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 601278

1. Corporation Name

(5)

JAMES G. CREVELING JR., M.D.P.A.

1

FILED Apr 16 1997 8:00am Secretary of State

|--|--|

Principal Place of Business Mailing Address					D-0.1 01 p1; C1011 G1G1/ B1p1/		
			623 S. SEACREST BLVD., SUITE 106 OYNTON BCH. FL 33435-7531				
					3. Date Incorporated or Qualified 08/01/1969	3a. Date of Last R 04/23/1996	eporl
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address			4. FEI Number	∐∆r	oplied For
21		26		59-1265833	59-1265833 Not Applic		
Suite, Apt.	#, etc.	ļ¬	Suite, Apt. #, etc.		5, Certificate of Status Desired	esired S8.75 Additional Fee Required	
City & State	2	City & State				******************	
23	9				6. Election Campaign Financing		May Be
Zip	Country	Zip Country		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29 30			8, This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
<u>1</u>	g. Name and Address of Current		_ 00]		10. Name and Address of New Reg		
CRE	EVELING, JAMES G. JR.	······································	81	Name			
	3 S SEACREST BLVD STE 106		82	Chrone Ard	deepe (D.O. Doublington in Mol. According	1-1	
	NTON BCH FL 33435		82	Street Add	dress (P.O. Box Number is Not Acceptab	·e)	
			83	1			
			-				<u></u>
			84	City		FL 85 Zip	Code
office or re agent. La	to the provisions of Sections 607.05.02 egistered agent, or both, in the State om familiar with, and accept the obligat	ol Florida. Such change was i	authorized b	y the corpor	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing it tithe appointment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered agent	CON) voted to application (NO)	11. Registered As	ent signature req	uired when reinstating)	DATE.	
12.	OFFICERS AND		13.	······································	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 12
TITLE	PTO	DELETE	1.1 TITLE			Change	Addition
NAME	CREVELING, JAMES G		12 NAME				
STREET ADDRESS	2623 S SEACREST BLVD 106		1.3 STHEE	LADDRESS			
CITY-ST-ZIP	BOYNTON BCH FL		1.4 CITY-	\$1 - ZIP			
TITLE	SD	☐ DITETE	2.1 11111			Change	Addition
NAME	CREVELING, VIRGINIA M		2.2 NAME	ĺ			
STREET ADDRESS	2623 S SEACREST BLVD 106		2 3 S1Ré E	1 ADDRESS			
CITY - ST - ZIP	BOYNTON BCH FL		2 4 0111	ST-7IP			
TITLE		☐ DELETE	3171111			[] Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREE	t address			
CITY-ST-ZIP		T outre	3.4. CITY-	S1 - 71P			
TITLE		☐ DELETE	4.1 TITEF			Change	Addition
NAME			4 2 NAME				
STREET ADDRESS				I ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CHY-	S1-7IP		Char	T Address
TITLE		☐ DELFTE	5.1 TALE			[] Change	Addition
NAME DARRET ARRESTO			5.2 NAME				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY- 6.1 THUE	21.41,		Change	Addition
						change	C Vacada
NAME CTOCCT ADDRESS			6.2 NAME	TADDOLCC			
STREET ADDRESS				T ADDRESS			
CITY-\$1-ZIP	y carlify that the information surrelied	with this filling does not aual	ify for the exi		ed in Section 119.07(3)(i) Florida Statutes	: I further certify that	the
informatio	n indicated on this annual report or su	ipplemental annual report is t he receiver or trustee empoy	true and acc wered to exe	urate and tha	at my signature shall have the same legal ort as required by Chapter 607, Florida Si	effect as if made uni	der oath; that