


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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 602398 (0)
1. Corporation Name
JOHN F. NELSON M.D., P.A.

Principal Place of Business
~~3500 S.W. 2ND AVE~~
GAINESVILLE FL 32607

Mailing Address
~~3500 S.W. 2ND AVE~~
GAINESVILLE FL 32607



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6612 SW 35 WAY Suite, Apt. #, etc. 22 City & State 23 GAINESVILLE FL Zip 24 32608 Country 25 USA		2a. Mailing Address 26 6612 SW 35 WAY Suite, Apt. #, etc. 27 City & State 28 GAINESVILLE FL Zip 29 32608 Country 30 USA		3. Date Incorporated or Qualified 09/17/1970	
				4. FEI Number 59-1305306 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NELSON, JOHN F 3500 SW 2 AVE GAINESVILLE FL 32607		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 6612 S.W. 35 WAY 83 84 City GAINESVILLE FL 85 Zip Code 32608	
--	--	--	--

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, JOHN F	1.2 NAME	
STREET ADDRESS	3500 S.W. 2ND AVENUE	1.3 STREET ADDRESS	6612 SW 35 WAY
CITY - ST - ZIP	GAINESVILLE FL	1.4 CITY - ST - ZIP	GAINESVILLE FL 32608
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, LAURETTA E.	2.2 NAME	
STREET ADDRESS	3500 S.W. 2ND AVENUE	2.3 STREET ADDRESS	6612 SW 35 WAY
CITY - ST - ZIP	GAINESVILLE FL	2.4 CITY - ST - ZIP	GAINESVILLE FL 32608
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
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 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 from an address to an address.

SIGNATURE:

John F. Nelson
P.A.

4130190 (350) 276-7422

CP2E034 (10/97)