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Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 602621 (5)
1. Corporation Name
JAMES B. CRAVEN, M.D. PROFESSION ASSOCIATION



Principal Place of Business: 315 S BOULEVARD, CHIPLEY FL 32428
Mailing Address: PO BOX 160, CHIPLEY FL 32426-0160, US

3. Date Incorporated or Qualified: 01/01/1971
3a. Date of Last Report: 04/22/1996
4. FEI Number: 59-1311169
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

2. Principal Place of Business: 1351 South Boulevard, Suite, Apt. #, etc.
2a. Mailing Address: P.O. Box 800, Suite, Apt. #, etc.
22. City & State: Chipley, FL
27. City & State: Chipley, FL
23. City & State: Chipley, FL
24. Zip: 32428, Country: US
25. Zip: 32428, Country: US

9. Name and Address of Current Registered Agent: CRAVEN, JAMES B, 315 S BOULEVARD, CHIPLEY FL 32428

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, FL, 85 Zip Code

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: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Contains officer information for James B. Craven, M.D. with titles PT, D, and D.

Table with 13 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP, 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP, 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP, 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP, 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP. Includes checkboxes for Change and Addition.

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: James B. Craven, M.D., President 02/05/97 904-638-1230
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)