

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90052 036 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 602621**

1. Corporation Name

**JAMES B. CRAVEN, M.D. PROFESSION ASSOCIATION**

Principal Place of Business

**1351 SOUTH BLVD.**  
**CHIPLEY FL 32428**  
**US**

Mailing Address

**POST OFFICE BOX 800**  
**CHIPLEY FL 32428**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/01/1971**

4. FEI Number

**59-1311169**

Applied For

Not Applicable

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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**CRAVEN, JAMES B**  
**1351 SOUTH 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-5-99**

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE
**NAME**  
**CRAVEN, JAMES B**  
**STREET ADDRESS**  
**1351 SOUTH BLVD**  
**CITY-ST-ZIP**  
**CHIPLEY FL 32428**
TITLE **D** ☐ DELETE
**NAME**  
**CRAVEN, JAMES B**  
**STREET ADDRESS**  
**1351 SOUTH BLVD**  
**CITY-ST-ZIP**  
**CHIPLEY FL 32428**
TITLE **D** ☐ DELETE
**NAME**  
**CRAVEN, JAMES B.**  
**STREET ADDRESS**  
**1351 SOUTH BLVD**  
**CITY-ST-ZIP**  
**CHIPLEY FL 32428**
TITLE ☐ DELETE
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**
TITLE ☐ DELETE
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**
TITLE ☐ DELETE
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**
TITLE ☐ DELETE
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**
TITLE ☐ DELETE
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**
TITLE ☐ DELETETITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

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, with all other like empowered.

SIGNATURE:

**JAMES B. CRAVEN, M.D., President 4/2/99 850-638-1230**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)