


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

FILED

Feb 06 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 # 602892 (2) 1. Corporation Name CHARLES S. EBY M.D., P.A.					
Principal Place of Business 2666 SWAMP CABBAGE COURT FT MYERS FL 33901			Mailing Address 2666 SWAMP CABBAGE COURT FT MYERS FL 33901		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1971	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1352056	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent EBY, CHARLES S 2666 SWAMP CABBAGE COURT FT MYERS FL 33901			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			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 _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME EBY, CHARLES S					
1.3 STREET ADDRESS 2666 SWAMP CABBAGE CT					
1.4 CITY-ST-ZIP FT MYERS FL					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME EBY, JEAN B.					
2.3 STREET ADDRESS 2666 SWAMP CABBAGE CT					
2.4 CITY-ST-ZIP FT MYERS FL					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME EBY, JEAN B					
3.3 STREET ADDRESS 2666 SWAMP CABBAGE CT					
3.4 CITY-ST-ZIP FT MYERS FL					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

DO NOT WRITE IN THIS SPACE



SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/15/98 Daytime Phone # 941-9361145

CR2E034 (10/97)