

DOCUMENT #

602986

Entity Name

JEROME W. CRAFT M.D., P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 14 AM 8:47

Principal Place of Business

SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33401

Mailing Address

535 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33401-5903

DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1371705

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASCARA, BETSY

40888 US HWY ONE

SUITE 209-415

NORTH PALM BEACH FL 33408

Name

JOANNE CRAFT

Street Address (P.O. Box Number is Not Acceptable)

535 S. FLAGLER DRIVE

City

WEST PALM BEACH

FL

Zip Code

33401

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<input type="checkbox"/> Delete E E EET ADDRESS PD CRAFT, JEROME W 535 SOUTH FLAGLER DR. WEST PALM BEACH FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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RE 5/21

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed name of signing officer or director

Date

Signature

4-30-01 561-6593366