

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

FILED

97 AUG 18 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 603646 (1)
1. Corporation Name JAMES F. FARRELL, M.D., P.A.

Principal Place of Business 600 E 25TH ST HIALEAH FL	Mailing Address 600 E 25TH ST HIALEAH FL
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 07/19/1972	3a. Date of Last Report 10/04/1996
4. FEI Number 59-1410255	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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RUFFNER, CHARLES L 601 BRICKELL KEY DR., #507 MIAMI FL 33131	
---	--

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

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	FARRELL, JAMES F
STREET ADDRESS	600 E 25TH ST
CITY-ST-ZIP	HIALEAH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	

100002272191-3
-08/20/97-01058-017
****165.00 ****165.00

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 its 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 in an attachment with an address.

SIGNATURE: JAMES F. FARRELL, M.D., P.A. REQUIRED

08/14/97

(305) 691-2990

CR2E034 (4/97)

②

JAMES F. FARRELL, M. D., P. A.
600 E. 25TH STREET
HIALEAH, FLORIDA 33010

—
TELEPHONE 691-2990

August 14, 1997

Division of Corporations
Att: Annual Report
P.O. BOX 6327
Tallahassee, Florida

James F. Farrell, M.D.
59-1410255

Dear Sirs,

Since I could not find an annual report for 1997 on June 12, 1997 I sent a copy of a 1996 report and changed the 1996 to 1997. I sent a check for \$225.00 with the report. I enclosed a copy of my letter sent a that time.

After our telephone conversation I am sending, as requested, a 1997 form that I received as a second notice with a check of \$165.00 to supplement the check sent on June 12, 1997 for \$225.00

Very truly yours,

James F. Farrell, M.D.

