

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.)

FILED  
 Aug 29 1997 8:00am  
 Secretary of State

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



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

DOCUMENT # 617531 (9)

1. Corporation Name  
 JOEL F. SMITH, M.D., P.A.

CHANGE ADDRESS



Principal Place of Business Mailing Address  
~~12300 ALT. A1A #120~~ ~~12300 ALT. A1A #120~~  
~~PALM BEACH GARDENS FL 33410~~ ~~PALM BEACH GARDENS FL 33410~~  
 4225 Magnolia Street 4225 Magnolia Street  
 Palm Beach Gardens Palm Beach Gardens  
 Florida 33418-3927 Florida 33418-3927

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	04/16/1979	04/08/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-1914173	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SMITH, JOEL F 12300 ALT. A1A #120 IO N PALM BEACH FL		81 Name 82 Street Address (P.O. Box not acceptable) 83 84 City FL 85 Zip Code	

CHANGE ADDRESS  
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PYS <input type="checkbox"/> DELETE	1.1 TITLE	Joel Franklin Smith M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOEL F	1.2 NAME	4225 Magnolia Street
STREET ADDRESS	12300 ALT. A1A #120	1.3 STREET ADDRESS	Palm Beach Gardens
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP	Florida 33418-3927
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOEL F	2.2 NAME	
STREET ADDRESS	12300 ALT. A1A #120	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	400002282074 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-09/02/97--01039--018
STREET ADDRESS		6.3 STREET ADDRESS	***550.00
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 *[Signature]* Date *8/29/97*

CR2E034 (4/97)